I

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12396

2416 CERTIFICATE OF DE	ATI
------------------------	-----

	1	241	6 CERTII	FICA	TE OF DEATH	1	R	leg. Dist. N	٥.
1. PLACE OF DEATH			44.694		2. USUAL RESIDENCE (Who o. STATE	ere deceased	lived. If institution:	Residence bel	fore admission)
	Dorchester		MARYI		Maryla			Dorches	ster Co.
b. CITY OR TOWN	N (If outside corporate lime nearest town)	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If or	utside corpo	rote limits, write RUR.	AL and give n	earest town)
	Ldge Md		5 Weeks		Fishing Co	reek M	Id.		×
d. NAME OF HOS	SPITAL (If not in hospital,	give street			d. STREET ADDRESS				e. IS RESIDENCE /
	Cambridge 1	Md H	ospital		Fishing	Creek			YES NO
3. NAME OF		rst	Middle		Lost	4. DATE	Month		Day Year
(Type or print)	Helen		Mae		Adams	DEATH	Dog		11 1956
5. SEX		7. MARI	RIED T NEVER MARRIE	пП	I. DATE OF BIRTH		9. AGE (In years IF	UNDER I YEA	R IF UNDER 24 HRS.
Famala		WIDOW				2.7	lost birthdoy) A	Aonths Days	
Female	White			_	Sept. 20, 19		25 yrs.	12 CITIZENI	OF WHAT COUNTRY?
during most of v	working life, even if retired	1)		K 114003				12. CHIZCH	OF WHAT COUNTRY
House	nie		None		Fishing Cra			U.S.A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME			
Jo	ohn H. Toller	V			Grace T.	Wall	ace		
15. WAS DECEASED (	EVER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IN	FORMANT		Address		
No			None		Lehman I. Ada	am <b>a</b>	Fishing	Creek	Mdi.
18. CAUSE OF	DEATH [Enter only one co	ouse per (i	ne for (o), (b), and (c).]		•	1.			TERVAL BETWEEN
PART I. I	DEATH WAS CAUSED BY:	1	ade	noce	eno promo	Drode	TITE met	estary ON	SET AND DEATH
Conditions, i gove rise to couse (o), stati lying couse lo	f any, which limmediate and the under-	)	Ode	note	alusta )	Splen	ie Flex	ne	mas
		DITIONS	CONTRIBUTING TO DEA	TH BUT I	NOT RELATED TO THE TERMIN	NAI DISEASE	CONDITION GIVEN	IN PART I/o	19 WAS ALITOPSY
CATI						THE DIDENSE		NATE (10)	PERFORMED? YES NO NO
	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enler noture of injury in P	art I or Port	II of item 18.)		
WEDICAL Hour a. P. I	f1.	While	_ Not while	20e. PLA foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f. (City	or town)	(County	r) (State)
21. I certify alive on	that I ottended the	deceas , 1 <u>95</u>	and a	/1	occurred ot 2 A	_M, from		d on the de	ate stated above.  DATE SIGNED
SIGNATURE PHYSICIAN'S	V/// >c		nann	A	1.D	ne	32		12-12-50
NAME (Type)_	1/2.	מננו							
REMOVAL (Spec	TION, 22b. DATE THERE		22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCAT	ION (City, town, or o	county)	(Stote)
Burial	Dec. 1	1, 79	56 Dorches	ter	Mem. Park	Camb	ridge		wland A
23 SHINEPAL DIRECT	OP'S SIGNATURE		ADDRESS		01 0000		and Touchediern	ARIC CICALARI	Inc

Cambridge Md.

LeCompte Funeral Service

TO HOSPITAL VS A15 (4) 15M 9/55 CERTIFICATE OF DEATH

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

EXTINCATE OF DEATH-

BUREAU V. S.

DEC 31 1820

BECENAED

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12417 CERTIFICATE OF DEATH

Reg. Dist. No. 12399

1.	PLACE OF DEATH	1		MARYLAND	a. STATE		eased lived. If institut b. COUNTY	_		
L		chester Co.	e write	c. LENGTH OF STAY IN 15	7.00	ryland			cheste:	
1	RURAL ond give no	earest town)	15, WILLS	C. LENGTH OF STAT IN ID	c. CITY OR IC	JWN (If ourside co	orporate limits, write	KUKAL and g	give nearest to	own)
14	S Cambrid			3 Weeks:		dge Md.				10
	OR INSTITUTION	AL (If not in hospital, g	ive street	address)	d. STREET AD	DRESS			10	RESIDENCE /
		Cambridge M	d. He	ospital	1 1,00 Bc	undry Av	e.		YES	□ NO Đ
3.	NAME OF DECEASED	Fin	st.	Middle	Lost	4. DA	TE Mo	nth	Day	Yeor
L	(Type ar print)	Vernon		E.	Barnes	DEA	Dec.	12,		19 56
5.	SEX	6. COLOR OR RACE	7. MARR	RIED T NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)		1 YEAR IF UN	
	Male:	White	WIDOWI	ED DIVORCED	Feb. 23.	1889	67 yrs		Days Hau	irs Min.
10	o. USUAL OCCUPATIO	ON (Give kind of work o	ione 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (State or foreig	gn country)	12. CIT	ZEN OF WH	AT COUNTRY?
	House Pa			None	Mary	land		II.	S.A.	
13	. FATHER'S NAME			110110	14. MOTHER'S			1 0 0 1	Dene.	
	Augusta	Pampag			72.	lia Dean				
15		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 117.	INFORMANT	ula bean		dress		
0		(If yes, give war or dates of so	ervice)		77	D				
=	No I			None M ne far (g), (b), and (c).	rs. Verno	m Barnes	700 F	sounar	y Ave.	BETWEEN
	Conditions, if a gove rise to i couse (o), stoting lying cause last.	the <u>under</u> DUE TO		arlenes	Obsolie	- Car	diovisals	Dia	18	ND DEATH
Ó	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION GI	VEN IN PART	1 (o) 19. WA	AS AUTOPSY REORMED?
Ž			Can	renoma	Prostal	e c )	ulastare	4	YES,	NO []
CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of	injury in Part I ar	Part II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a. ft. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED 20e. Pl k at work	LACE OF INJURY (H actory, street, office	ame, farm, 20f. ( bldg., etc.)	(City or town)	(0	County)	(State)
120	actual SIGNATURE  PHYSICIAN'S NAME (Type)	or I attended the	., 12 <u>5</u>	and that death	M.D.	ADDRES	ram the causes \$ (Street, city or town	and an th		ne deceased ated abave. DATE SIGNED
1"	REMOVAL (Specify)	2 71		22c. NAME OF CEMETERY		- 11	CATION (City, town,	or county)		itale)
22	Burial.  Burial DIRECTOR	S SIGNATURE	195	d Dorchester ADDRESS			bridge	CTRADIC CO	Md	A
						24a. REC'D BY RE	1-1 1	ISTRAR'S SIG	MAIUKE	, the
IT.	eCompte Fu	neral Servi	Lce	Cambridge Md.		DATE /SL/13	136 149	010	1/and	1/10.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4)

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PLACE OF DEATH

b. CITY OR TOWN III

d. NAME OF HOSPITA

10a. USUAL OCCUPATION during most of working POLICE 13. FATHER'S NAME

15. WAS DECEASED EV NO NO 18. CAUSE OF DEAT PART I. DEAT

> Conditions, if or gove rise to immed (o), stoting the s couse lost.

20a. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th death resulted

ACTUAL

EXAMINER'S NAME (Type)

NAME OF DECEASED (Type or print)

5. SEX Male

CERTIFICATION

VS. A15ME(5) 5M 9/55

			TATE DEPARTMEL EXAMINER'S				18 Reg. Dis		401
CE OF DEATH	rchester	· O	MARYLAND	2. USUAL RESIDENCE (* o. STATE Max	Where decear		tion: Resident Dorche		nission)
end give necrest form	founde corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside cor	porote limits, write	RURAL and g	give nearest to	own)
NAME OF HOSPIT	AL OR INSTITUTION (I	Fnot in hos	pital, give street address)	d. STREET ADDRESS				ON	RESIDENCE A A FARM? NO
ME OF CEASED pe or print)	Willis		Middle Paul	Beckwith	4. DATE OF DEATH	Decen	ber 10		Year 19 56
ale	6. COLOR OR RACE White	7. MARRIE		July 8, 190	7	9. AGE (In years lost birthday) 49 yrs.	Months D	YEAR IF UNI	DER 24 HRS. Min.
SUAL OCCUPATION POLICE	ON (Give kind of work on life, even if retired)		IND OF BUSINESS OR INDUST		or foreign c			S.A.	COUNTRY?
THER'S NAME	John Roma E	Beckwi	.th	14. MOTHER'S MAIDEN ROWENA	3.5	rd	1		
AS DECEASED EV. or unknown) NO	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)		Roger Beck	with,	Address Hurlock,	Maryla	ind	
	TH [Enter only one country WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line f	for (a), (b), and (c).	y orce	luz	\		ONSET AND DE	VEEN 'EATH
onditions, if or overise to immedia, storing the source lost.	diote couse								
		ITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	IINALDISEASI	E CONDITION GIV	EN IN PART 1	(o) 19. WAS PERFO YES	AUTOPSY DRMED?
a. EXTERNAL CAL IMARY Or CON AUSE OF DEATH.	JSE WAS NTRIBUTING   201	. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Por	rt I or Port II	of item 18.)			
Hour o.m.	RY Month, Day, Year	20d. It While of wor		CE OF INJURY (Home, form ory, street, office bldg., etc	m. 20f. (City	or town)	(Count	y)	(Stote)
	from: Natural of		emains described abo Accident □, Suid	cide, Homicide	e	nspection , ndetermined c		DATE	find that
(AMINER'S	JOHN	MX	HCE JP	ASSISTANT MEDICAL	EXAMINER	5	/	2/1	2/5%
DRIAL, CREMATIO MOVAL (Specify) Burial	Dec. 13.	1956	22c. NAME OF CEMETERY OR Washington C		Near	Hurlock	county)	land (Sto	ie)

220. BURIAL, CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J.J.Framptom and Son, Federalsburg, Maryland

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

MARYAND STATE DEPARTMENT OF HEALTH-BARTMORE TO MEDICATE OF DEATH
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
TO SEE THE CONTROL OF THE CONTROL OF

in the faces of the About Colors

THE REPORT OF THE PROPERTY OF

BUREAU V. S.

DEC 30 Jage

DECENAE

VS. A15ME(5) 5M 9/55

ARYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE, 18
MEDIC	AI EV	A MAINIEDIC C	EDTIELCATE	OF DEATH

12402

-			2/1	×							Keg. D	101. 140	0	
1.	PLACE OF DEATH	*	AZI	9				ESIDENCE (V	Where deceas	ed lived. If institu		ence bef	ore adm	ission)
	Dor	chester C	0.		MAI	RYLAND	o. STATE	Md.		b. COUNT	Dorc	hest	er (	io.
10	ond give negresi town)	outside corporate limits, w	rite RURAL	c. U	ENGTH OF STATE	Y IN 1b	c. CITY C	R TOWN (II	f autside corp	orale limits, write	RURAL and	d give n	earest la	wn)
10	Cambridge						Cambr	idge	Md.			X		
	d. NAME OF HOSPITA	L OR INSTITUTION	(If not in	hospital,	give street addr	ess)		ADDRESS				1	e. IS R	ESIDENCE A FARM?
	Died in t	axi cab					R.	F.D.	1					No-E
	NAME OF DECEASED	F	irst		Middle		lo	ist	4. DATE	Mont	h	Day	Y	ear
L	(Type ar print)	Nora			Figgs		Bro	wn	DEATH	Dec	1	19.	1	9 56
6.	SEX	6. COLOR OR RAC	7. MA	RRIED T	NEVER MARRI	ED 🔲 8.	DATE OF BIRT	TH		9. AGE (In years lost birthday)	-			ER 24 HRS.
F	emale	White	WIDO	WED 🔲	DIVORCED		March	7. 1	890	66 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of wor	k done 10	b. KIND C	OF BUSINESS OF	R INDUSTI	Y 11. BIRTHE	LACE (Stale	or foreign c	ountry)	12. CIT	ZEN OF	WHAT	COUNTRY?
	None	,,	<b>'</b>	N	one		Ca	sins	Neck		II.	SA		
13.	FATHER'S NAME						14. MOTHER							
	James	Figgs					Δ	manda	Wheat	lev				
15.	WAS DECEASED EVE		ORCES?	16. SOCIA	L SECURITY NO	). 17. IN	FORMANT	A PARA A CALL	- KARLES D	Address	X X			
1	No	In you, give was as object	3411.04	Non	e	1	irs. Ke	nnoth	Twons	Washin	aton	n a		
F	18. CAUSE OF DEAT	H [Enter only one o	ause per l						-LLY UIIS	Hesitali		INTER	VAL BETWI	EN
		H WAS CAUSED BY	-1	(	lorona	117 O	0071110	fon				ONSE	AND DE	
	4211	DUE TO					CCLE							
12	Conditions, if an		b)											
	gove rise to immed	iole cause											-	
	(o), stating the u	nderlying	[c]											
Z	PART II. OTH	ER SIGNIFICANT CO		CONTRIB	UTING TO DEA	TH BUT N	OT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19	. WAS	AUTOPSY
ATIC						DVE							PERFO	RMED?
CERTIFICATION	20g. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.	SE WAS	20b. DESC	RIBE HOW	INJURY OCCU	JRRED. (Er	iler noture of	injury in Por	t 1 or Port II	of item 18.)				4
	CAUSE OF DEATH.	IIKIBOIII43 🖸												
WEDICAL	20c. TIME OF INJUR	Y Month, Day, Y				20e. PLAC	E OF INJURY	(Home, form	20f. (City	or town)	(Co	unty)		(Stote)
MED	Hour a.m. p. m.	19	of	hile work	Not while of work	10010	ry, sireer, orric	o bidg., etc.	"					
	21. I certify the	at I taak charg	e of th	e rema	ins describe	ed abay	e, held a	n Autaps	y D. Ir	spection .	Inqui	у П	and	find that
	death resulted	fram: Natura	causes	IXI.	Accident	7. Suic	ide 🔲,	Homicide	D. Ur	determined o		, ,	1.1	
	100	1		7		0	,							
	ACTUAL	Vin		ma.	172	X	M.D. CHIEF	MEDICAL EX	XAMINER [7]				DATE S	IGNED
		1		7-6-	7			ANT MEDIC	AL EXAMINE		12/	20/	55	
	EXAMINER'S NAME (Type)	e. John		Jr.			DEPUT	Y MEDICAL	EXAMINER 5	á.				
220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THERE	OF	22c. N	AME OF CEME	TERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)	III	(Stote	9)
	Burial	DBC 22	195	6 1	Dorchest	ter M	lem. Pa	rk	Cami	oridge	Md.			0
23.	FUNERAL DIRECTOR'S	SIGNATURE			ADDRESS				D BY REGIST	PAR 246. NEGI	STRAR'S SIG	HATUR	5	. 1/2
Le	Compte Fu	neral Sem	rice	(	Cambrida	ge Md		DATE	420/5	6 for	rn,	1110	u	KV.

MEDICAL EXAMINER'S CHITIFICATE OF DEATH.

BUREAU V. E.

DEC 88 1820

BECEINED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL CARECTOR: After this certificate has been signed by the attending physician and campletely filled in Larke funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

12///

## CERTIFICATE OF DEATH

Reg. Dist. No.
----------------

1. PLACE OF DEATH									1. No.	
a. COUNTY				2. USUAL RE	SIDENCE (Whe	re deceased	lived. If institution	n: Residence	e before od	mission)
d. CO01411	Dorchest	er	MARYLA	ND d. STATE	Mary	land	b. COUNTY	Dor	ches	ter
b. CITY OR TOWN RURAL and give	(If autside carporate limit	ts, write	c. LENGTH OF STAY IN	16 c. CITY O	R TOWN (If ou	tside carpo	ote limits, write RL	IRAL ond gi	ive nearest t	awn)
T 7	Cambridg	e	30 Yrs.		Rura	3	Cambrid	ge	X	
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street		d. STREET	ADDRESS		000000000000000000000000000000000000000		01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fin Emm		Middle Griff:		rter	4. DATE OF DEATH	Mont Dec		Day	Year 1956
. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DATE OF BIE	RTH	1 - 3	9. AGE (In years			NDER 24 HRS
Female	Negro	WIDOW	PED DIVORCED	Dec.	15. 18	370	lost birthdoy) 86 yrs.	Months (	Days Hou	rs Min.
Oa. USUAL OCCUPATI	ION (Give kind of wark orking life, even if retired)	dane 10b	KIND OF BUSINESS OR	INDUSTRY 11. BIRTH	PLACE (Stote o			12. CITI2	ZEN OF WH	IAT COUNT
	ne, even ir refired)	'	None	Wo	rceste	r Co	. Md.		USA	
3. FATHER'S NAME			110110		'S MAIDEN N		· Mice		0011	
	Unknow	20				Addi	e Mile	0		
5. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFORMANT		Auul	Addre			
[Yes, no, or unknown]	If yes, give war or dates of se	ervice)		07	a Mart 4		Cmour II	. 7 7	3/12	
LIO CAUSE OF DE	ATH [Enter anly ane co			Clarence	e GIAII	IIII,	Show H	444	Md.	BETWEEN
Canditions, if a gave rise to cause (a), stating lying couse last.	the <u>under-</u> DUE TO		rterioscler Cardiac Dec							
	, (c)		CONTRIBUTING TO DEATH	BUT NOT RELATED	O THE TERMIN	IAL DISEASE	CONDITION GIVE	N IN PART	PEI	REORMED?
PART II. OT  20a. ACCIDENT W  OR CONTRIBUTING  (IF EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OCC	URRED. (Enter noture	af injury in Pa	art I or Port	II of item 1B.)		YES	□ № □
	RY Manth, Day, Yea			De. PLACE OF INJURY foctory, street, off	(Home, form,	20f. (City	or tawn)	(Co	ounty)	(State
ZOC. TIME OF INJU				TOCIOTY, STEEL, Off.	ice blag., etc.)	1				
Haur a. j., p. m.	19	While of war	Not while							
	19	ot wa	rk at work		L to De	cembe	er 1,056	that Lie	net com t	a decea
21. I certify t	19	ot wa	rk at work sed fram Decen	nber , 1951						
	19	ot wa	rk at work sed fram Decen		t	M, fram	the causes a	nd an the		
21. I certify t alive an De	19	ot wa	rk at work sed fram Decen	nber , 1951 eath occurred a	tA	M, fram		nd an the	e date st	
21. I certify t alive an De	19	ot wa	rk at work sed fram Decen	nber , 1951 eath occurred a	tA	M, fram	the causes ar	nd an the	e date st	
21. I certify to alive an De ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hot I attended the cember 1.  Local Section 1.  Edwin Formula 1.	decease 12	rk at work sed fram Decen	nber , 1951 eath occurred a	tA	M, fram	the causes ar	nd an the	e date st	
21. I certify to alive an De Actual SIGNATURE PHYSICIAN'S NAME (Type) J	hat I attended the cember 1,  Left State of the cember 1,  Left State of the cember 1,  Edwin F.  ON, 1226. DATE THEREO	decease 12	sed fram Decen	nber , 1951 eath occurred a	7 Pine	M, fram DDRESS (SII St-	the causes ar	nd an the tote) ge, Md	e date st	
21. I certify to alive an De Actual SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the cember 1.  Left Figure 1.  Edwin Figure 1.  Con. 22b. Date Thereo	decease 12	sed fram Decer  56, and that decet  tt, M.D.	nber , 1951 eath occurred a M.D. 22'	7 Pine	M, fram DDRESS (Sh St-	the causes as eet, city or town, a Cambrid	nd an the tate) ge, Md	e date st	DATE SIGN 2-4-5
Hour a. ji. p. m.  21. I certify t alive an De  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  22a. BURIAL, CREMATIK REMOVAL (Specify	hat I attended the cember 1.  Lettin F.  Edwin F.  ON. 226. DATE THEREO.	decease 19	sed fram De Cen  56, and that de	nber , 1951 eath occurred a M.D. 22'	7 Pine	M, from DDRESS (SH St- 2d. LOCAT	the causes and set, city or town, a Cambridge	nd on the tote) ge, Md recounty) Mary	e date st	ated abar DATE SIGN 2-4-5

SECEINED

BUREAU V. L.



DEC EL TER

BUREAU V. S.

		THE SALE	Eller Reservantion of Director City of State of Section (Sec			
•						
		F Year				
				~	-	
a . A OVIII	YOR					No. 1

MEDICAL EXAMINER'S CERTIFICATE OF REATH

R carbon physician remave attending ā burial-transit det 3 shauld TO FUNER pode

e COUNTY

NAME OF

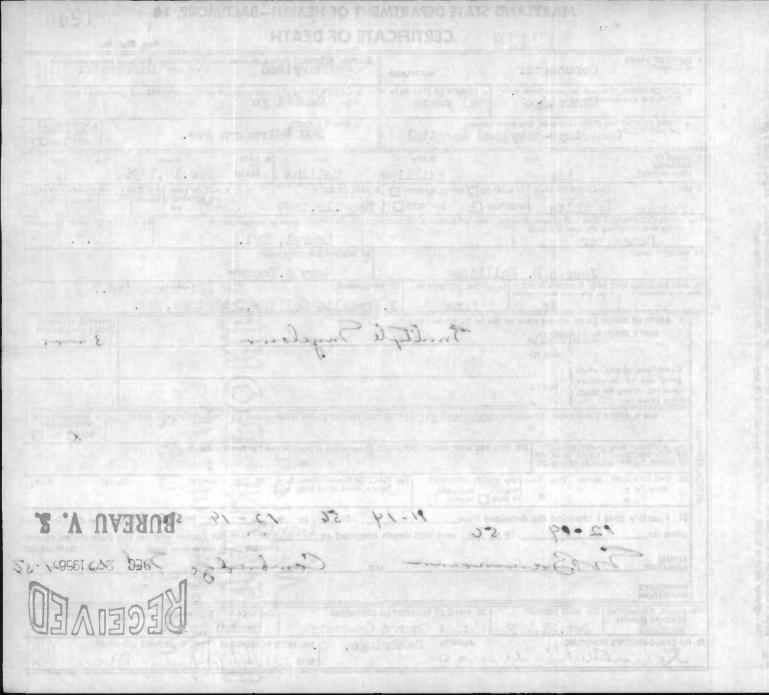
5. SEX

(Type or print)

Female

No

ACTUAL SIGNATUR



M

TO HOSPITAL 22 ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

**CERTIFICATE OF DEATH** 

12406

	1242	1	CERTIFIC	ATE OF DEATH		R	eg. Dist. No.	
1. PLACE OF DEATH a. COUNTY	Dorchest	er	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary la	ere deceased lived	. If institution: b. COUNTY	Residence before Dorches	e admission) Ster
b. CITY OR TOWN (If RURAL and give nec	outside corporate limi	ts, write c. LEN	6 years	c. CITY OR TOWN (If or Cambri		mits, write RUR/	AL and give rea	rest fown)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g mbridge-]			d. STREET ADDRESS 205 Wes	t End /	ve.		e. IS RESIDENCE ON A FARM?, YES NO
3. NAME OF DECEASED (Type or print)	Louisi:	ana	Middle Davis	Covington	4. DATE OF DEATH	ec.31	,1956°°	Yeor 19
s. sex Pemale	6. COLOR OR RACE	WIDOWED T	DIVORCED [	B. DATE OF BIRTH Dec. 6, 1862	los		UNDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
during most of worki	N (Give kind of work on the life, even if retired FOS TIMES T.	ress &	Homemake	r Elliott				WHAT COUNTR
3. FATHER'S NAME	Joseph W	.Langra	11	14. MOTHER'S MAIDEN NA Axchia		n		
(Yes, no. or unknown)	IN U. S. ARMED FOR	ervice)		informant rs.Wm.N.Geog		ambri		d Ave.,
Canditians, if an gave rise to im cause (a), stating the lying cause last.	he <u>under-</u> DUE TO	)		T NOT RELATED TO THE TERMIN			2	WAS AUTOPSY
PART II. OTHE	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURR	RED. (Enter nature of injury in Pa	art I ar Part II of	tem 18.)		PERFORMED? YES NO
20c. TIME OF INJURY Hour o. jr. p. m.	Month, Day, Yeo		of while	PLACE OF INJURY (Home, farm, octory, street, affice bldg., etc.)	20f. (City or tav	n)	(County)	(Stote)
ACTUAL SIGNATURE	ALTER	1256 E. G.	nky 2	MD. 105 R CAM	BRID	causes ond ity or town, stat CE	on the date	w the decease e stated above  DATE SIGNE  3JA  57
REMOVAL (Specify)	Jan.3,	1957 E1	AME OF CEMETERY CLIOTT IL.	E.Churchyard	22d. LOCATION ( LILI  BY REGISTRAR	ott, M	d .  AR'S SIGNATURE	(Stote)
Semeth	R. Hi mise	al Ca	umbridge,		1 .00	John	ma	er the

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CERTIFICATE OF DEAT	22	CERTIFICATE	OF DEAT
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	12422	CERTIFICA	Reg. Dist. No.		
	1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	n: Residence before admission)  Carroll
	b. CITY OR TOWN (If outside corporate limits, write RUPA) and give searest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	riside corporote limits, write RU ridge	RAL and give nearest town)  RURAL 06×3
,	d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Cambridge-Maryland Hos		d. SIREEL ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 2
	3. NAME OF DECEASED (Type or print) Robert	Middle E.	Gonder	4. DATE OF DECEM	
	5. SEX Male White WIDOWED	35	B. DATE OF BIRTH December 12		Months Days Hours Min.
1		arpentry	Pennsy.		United States
	13. FATHER'S NAME  WILLIAM FLOT	GONDER	HELEN	WILLARD	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO [Yes, give wer or dates of service]	Mariana	HN GOIND	ER UNION	BRIDGE ML
	gove rise to immediate cose (a), stating the under lying cause last.	eriosclerot erioscleros	is, general	ized	11 d cup 10 yrs 10 yrs
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	). (Enter noture of injury in Po	art 1 or Port II of item 18.)	PERFORMED? YES PO NO
	Zoc. TIME OF INJURY Month, Day, Year 20d. INJ Hour a. m. p. m. 19 While at work	Nat while foc	CCE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased of the on 12/25/54, 19  ACTUAL SIGNATURE COUNTY MAY  PHYSICIAN'S LAWYENCE	, and that death		M, from the couses or DDRESS (Street, city or lown, st	that I last saw the deceased and an the dote stated obove.  DATE SIGNED
	22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/31/56	MEADAM B	R CREMATORY RANCH	22d. LOCATION (City, town, or	r county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE DI Hartaler + Sons 7/	ADDRESS. Pers Windso	md DATE	11 11 31	TRAR'S SIGNATURE

may be retain by the haspital ar attending physician.

TO FUNERAL DARECTOR: After this certificate has been signed by the attending physician and campletely filled in bythe funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

Reg. Dist. No.

e. IS RESIDENCE ON A FARM? YES NO H

M. J	19493 CERTIFICATE OF DEATH Reg. Dist. No.									
	1. PLACE OF DEATH o. COUNTY	chester Co		MARYLAND	2. USUAL RESIDENCE ( o. STATE  Marvl		lived. If institution b. COUNTY	_		
	b. CITY OR TOWN	(If autside carporate li		LENGTH OF STAY IN 16		A SECURITY OF THE PARTY OF THE	ate limits, write RU	RAL and give n		
13	RURAL ond give Cambrid	ge Md.		1 Week	Cambrid	lge Md.				
17	d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in haspital	, give street add	'ess)	d. STREET ADDRESS				e. IS RESIDE	
61		Maryland H	Hospital		133 Mill	St.			YES N	
	3. NAME OF DECEASED		First	Middle	last	4. DATE OF	Manti	h (	Day Yea	
	(Type or print) 5. SEX	Robert	- 17	E.	Gootee	DEATH	Dec.	1	3, 19	
		6. COLOR OR RAC	- HONKIED	NEVER MARRIED		- 0 - 1	last birthday)	Months Days		
	Maile 10g. USUAL OCCUPAT	White	WIDOWED [		August 1/1. DUSTRY   11. BIRTHPLACE (SIG	1874	82 yrs.	12 CITIZENI	OF WHAT CO	
1	during most at we	arking life, even if retir	ed)				miryj			
1	Waterman  13. FATHER'S NAME		IGene	ral Cargo	Golden H			U.S.		
	I-To a	hington Goo	***							
-/	15. WAS DECEASED E	VER IN U. S. ARMED FO	ORCES? 16. SOC	IAL SECURITY NO. 17	INFORMANT	Foxwell	Addre	rss		
0	(Yes, no, or unknown)	(If yes, give wor or dates o		-20-6694	Mrs. Calvin	Dean	133 Mi	ll St.		
		EATH [Enter only one			THE CALVE	- Description	4)) 114	LIN	TERVAL BETW	
-64	PART I. D	EATH WAS CAUSED BY	(a) Bill	iary Menhr	sis with Wren	ກຳຄ ເລນ	ara	10	SET AND D	
	584x	DUE 1							y days	
	Conditions, if		(b) Arte	riolar sele	rosis			7.5	?	
	gave rise to cause (a), statin		ro Chol	elithisis v	with obstruct:	ion of t	he commo	n		
	lying cause las	<u>t.</u>			ctive jaundic				8 days	
5	PART II. O	THER SIGNIFICANT CO	ONDITIONS CON	TRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART 1(a)	19. WAS AU	
2			lan saasii						YES T	
	OR CONTRIBUTION	VAS UNDERLYING A IG CAUSE OF DEAT FY MEDICAL EXAMINER	H 206. DESCRIB	E HOW INJURY OCCUR	RED. (Enter nature of injury i	in Part I or Part I	I of item 18.)			
	3 20c. TIME OF INJU			RY OCCURRED 20e.	PLACE OF INJURY (Hame, fo	1000 1001				
3.43	Hour o. j		While	Not while	factory, street, affice bldg.,	etc.)	or town)	(Caunty	)	
			at work [-							
					, 19 <u>.56</u> , to					
	alive on	20 V V	, 18.00	n and that dea	th occurred at 10:		the causes ar let, city or town, s		ate stated	
1	ACTUAL	EDd xilo	e Her	kell	16 1				N FO TO SE	
1	SIGNATURE	and may	00/100	RI			treat		14-06	
	PHYSICIAN'S NAME (Type)	Eldridge	H. Wolf	W.D.	Cam	bridge,	Maryland			
1.73	220. BURIAL, CREMAT	ION, 226. DATE THER	EOF 22	C. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	ON (City, tawn, or	county)	(State)	
	REMOVAL (Specif Burial	Dec. 16	5. 1956	Greenlawn	Cemetery		ridge Md.			
5	23. FUNERAL DIRECTO			ADDRESS	24a. RE	C'D BY REGISTR	AR 246. REGIST			
100	TeCompte F	uneral Sem	rice Co	mhridge Md.	DAYS /	1/4/57	1	N. VNA	CILAI	

otee		DEATH	Dec.			73		19 56
ATE OF BIRTH	Н		9. AGE (In yes	ors	IF UNDER	1 YEAR	IF UND	R 24 HRS.
ugust	7/1. 7	87)	last birthda	yrs.	Months	Days	Hours	Min.
11. BIRTHPL	ACE (State	ar foreign co	ountry)		12. CI	TIZEN O	F WHAT	COUNTRY?
Gold	en Hi	11 Md.			U.	S.A.		
4. MOTHER'S	MAIDEN	IAME						
Ama	nda F	oxwell						
RMANT			-	Addre	P\$\$			
rs. Ca	lvin	Dean	133 1	Mi	11 St			
	FIRS	183			F 115	INTE	RVAL BE	TWEEN
with	Uremi	a, se	zere			5	day	
is							?	
			the com	uno	n			
ขอ วูลบ							day	
RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVE	N IN PAR	T 1(a) 1	PERFO	RMED?
nter nature a	f injury in F	art I or Part	11 of item 18.)		1,15			
\$40 DOS -110	-							
OF INJURY (I	Hame, farm bldg., etc.	20f. (City	or town)	_		County)		(State)
19_56	, to 1	2-13	, 19_	56	that I	last sa	w the	deceased
	10:16	DM, from	the cause	s ai	nd an t		e state	
	15 Lo	enst.	Street			12-1	4-56	
			Maryla					
EMATORY		22d. LOCAT	ION (City, taw	n, or	county)		(State	)
etery		Camb	ridge 1	5N				1134
	24a. REC'I	BY REGIST	RAR 246. RE	GIST	TRAR'S SI			2.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4 15M 9/55 CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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or removal.

VS. A15ME(5) 5M 9/55 12412

Reg. Dist. No.

100   Stand OF   Stand   Sta		Residence before	b. COUNTY	/here decea	2. USUAL RESIDENCE (W	MARYLAND	γ »	12425	1. PLACE OF DEATH o. COUNTY		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  N	town)	L and give neare	porote limits, write RURA	TY OR TOWN III outside corporate limits, write RURAL   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate li							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  3. NAME OF OR HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  3. NAME OF OR HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  3. NAME OF OR HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  4. DATE HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED  10. LUVENIA  10. DATE OF BIRTH  10. DAT		13		-	Campil	Lile		anni de a	ona give nearest town)		
3. MARE GP [Tipse or print]  3. MARE GSB [Type or print]  5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (By year)  100. USUAL OCCUPATION (Give kind of work done)  101. SIVAL DOCUPATION (Give kind of work done)  102. CITIZEN OF WHAT  103. FATHER'S NAME  103. FATHER'S NAME  104. MOTHER'S MAIDEN NAME  105. WAS DECEASED EVER IN U. S. ARMED FORCEST  107. MOTHER'S MAIDEN NAME  106. COLOR OF BATH  107. MOTHER'S MAIDEN NAME  107. MOTHER'S MAIDEN NAME  107. MOTHER'S MAIDEN NAME  108. CAUSE OF DEATH (Enter only one course per line for (e), (b), and (c).)  109. PART I. DEATH WAS CAUSED BY.  109. DUE TO  Conditions, if any, which gove first to immediate cause  104. MOTHER'S MOTHER'S MAIDEN NAME  105. WAS DECEASED EVER IN U. S. ARMED FORCEST  106. COURS GOT DEATH  107. MOTHER'S MAIDEN NAME  107. MOTHER'S MAIDEN NAME  108. CAUSE OF DEATH  109. DUE TO  Conditions, if any, which gove first to immediate cause  109. Hypertensive C-V. Disease  200. EXTERNAL CAUSE WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS  PART II. OTHER SIGNIFICANT CONDITIONS  200. DESCRIBE HOW INJURY OCCURRED  200. DESCRIBE HOW INJURY OCCURRED  201. DESCRIBE HOW INJURY OCCURRED  202. DESCRIBE HOW INJURY OCCURRED  203. DESCRIBE HOW INJURY OCCURRED  204. DESC	S RESIDENCE		A STATE OF THE STATE OF			AND ADDRESS OF THE PARTY OF THE	(If not in hos	L OR INSTITUTION (	d. NAME OF HOSPITA		
3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  10. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Give kind of work done) 101. WAS DONE OF ORDINAL (Give kind of work done) 102. CAUSE OF DEATH 103. WAS DONE OF WHAT 104. WORK DONE OF WHAT 105. WAS DONE OF WHAT 105. WAS DONE OF WHAT 106. USUAL OCCUPATION (Give kind of work done) 104. WORK DONE OF WHAT 105. WAS DONE OF WHAT 106. USUAL OCCUPATION (Give kind of work done) 105. WAS DONE OF WHAT 106. WORK DONE OF WHAT 106. WHAT 107. WORK DONE OF WHAT 108. WORK DONE OF WHAT 108. WORK DONE OF WHAT 109. WORK DONE 109. WORK DONE 109. WORK DONE 109. WOR	ON A FARM?		ton Street	hine	770 00	1	osnit.	e-Mai Ho	Company in		
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  9. AGE to years for bimology yes for bimolog yes for bimo	Year 19 56	Day		OF			irst	Fir	DECEASED		
Divorced	NDER 24 HRS.	NDER TYEAR IF I	9. AGE (In yours   IF UN		DATE OF BIRTH	D T NEVER MARRIED	7. MARRIE	6. COLOR OR RACE	5. SEX		
Conditions   Contributing   Contri	m Min.	iths Days Ho	Mon	5	Mar. 30, 190		1 1 1 1 1 1 1 1	n. 61	Female		
13. FATHER'S NAME  14. MOTHER'S MADEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  16. YOUR DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART II. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART II. DEATH WAS CAUSED BY:  19. DUE TO  Canditions, if any, which gove rise to immediate cause (a), stating the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO (VES.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO (VES.)  20. EXTERNAL CAUSE WAS PERFORMANY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO (VES.)  20. EXTERNAL CAUSE WAS PERFORMANY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO (VES.)  20. EXTERNAL CAUSE WAS PERFORMANY OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO (VES.)  20. EXTERNAL CAUSE OF DEATH.  20. TIME OF INJURY Month, Day, Year Pount of the contribution of the	AT COUNTRY	CITIZEN OF WI	country) 12	ar fareign a	RY 11. BIRTHPLACE (State	IND OF BUSINESS OR INDUS	done 10b. K	N (Give kind of work	100. USUAL OCCUPATIO		
13. FATHER'S NAME  Alexander  Alexander  15. WAS DECEASE DVER IN U. S. ARMED FORES? [16. SOCIAL SECURITY NO. 17. INFORMANT  Address  If yes, one witnessed if yes, one work of dates of serviced 21 - 0.7 - 0.00 7	1.	ILS.	o. Md.	or C	Dorches	od Pakin			The second secon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   21. O7 - OO   7											
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   21. O7 - OO   7			naoten	01 0	Rach		nte	nden Ser	۸٦		
18. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]   PART 1. DEATH WAS CAUSED BY:   Cerebral vascular accident   ONSTEAM ON SET AND ON SET				C L V		SOCIAL SECURITY NO. 17.	DRCES? 16.	R IN U. S. ARMED FO	15. WAS DECEASED EVE		
Section   Sect		Sam Tra	a Combassi	77	Allent Fo	11. 07. 0007		(If yes, give war or dates of			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS PERFO YES  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRED.  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRED.  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRED.  21. I CERTIFY that 1 tack charge of the remains described abave, held an Autapsy Inspection In Inquiry Inqu											
MAMEDIATE CAUSE (a)   DUE TO	DEATH	ONSET AN	PART I. DEATH WAS CAUSED BY: Carehral wasculer pagidant								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS PERFOY YES   20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED AUSE OF INJURY (Home, farm, p. m. 19 While of work of work of work of the remains described above, held an Autapsy , Inspectian , Inquiry , and death resulted fram: Natural causes . Accident , Suicide , Hamicide , Undetermined cause .  ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 12/26/56	IMMEDIATE CAUSE (o) OGT GOT GT A SOCITAT, SIGNITATION TITLE										
gove rise to immediate cause (a), stating the underlying (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS PERFORM YES   20a, EXTERNAL CAUSE WAS PERFORM YES   20a, EXTERNAL CAUSE WAS PERFORM YES   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year You work of work o	II man and to make a company of the										
(a), stating the underlying DUE TO  (c)	-										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFOYES   20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Ves Country Hour o. m. p. m. 19 of work											
PERFORMANCE TO CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY   Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, foctory, street, affice bldg., etc.)   20f. (City or town)   (Caunty)    21. I certify that I taak charge of the remains described abave, held an Autapsy   , Inspection   , Inquiry   , and death resulted fram: Natural causes   , Accident   , Suicide   , Hamicide   , Undetermined cause   .  ACTUAL SIGNATURE											
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	RFORMED?_	PE	E CONDITION GIVEN IN	NAL DISEAS	OT RELATED TO THE TERMI	NTRIBUTING TO DEATH BUT	NDITIONS <u>CC</u>	ER SIGNIFICANT CON	PART II. OTHI		
21. I certify that 1 taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry, and death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause  ACTUAL			of item 18.)	I or Part 11	nter nature of injury in Part	HOW INJURY OCCURRED. (	Ob. DESCRIBE	SE WAS TRIBUTING 1	20g. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH.		
death resulted fram: Natural causes ], Accident ], Suicide ], Hamicide ], Undetermined cause ].  ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ]  EXAMINER'S  ASSISTANT MEDICAL EXAMINER ] 12/26/56	(State)	(County)	y or town)	20f. (City	CE OF INJURY (Home, farm ory, street, affice bldg., etc.	Nat while foo	While		20c. TIME OF INJURY		
death resulted fram: Natural causes ], Accident ], Suicide ], Hamicide ], Undetermined cause ].  ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ]  EXAMINER'S  ASSISTANT MEDICAL EXAMINER ] 12/26/56											
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 12/26/56											
SIGNATURE  M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   12/26/56	dediti resolved from: Prototol cooses [3], Accident [1], Solcide [1], Indimicide [1], Onderermined coose [1].										
SIGNATURE M.D. CHIEF MEDICAL EXAMINER 12/26/56	ACTUAL Q DATE SIGNED										
EXAMINER'S	SIGNATURE M.D. CITIET MEDICAL EXAMINER										
	EXAMINER'S										
The second file of the second fi	NAME (Type) ) r. John Suc Tr. DEPUTY MEDICAL EXAMINER C										
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF GENETERY OR CREMATORY 22d. LOCATION (City, toyin, or county) (Stot REMOVAL (Specify) Cold Field Centery Harehester Cr M	nd.	(miy)	MOR (City, layer, or cou	Hay	)	Old Tield (	OF	N, 226. DATE THEREC	REMOVAL (Specify)		
23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE DATE/3 /2006 John Macc	b.	S SIGNATURE MACC	So PAN	BY REGIST	and V	Cambrilo	effe,	SIGNATURE	23, FUNERAL DIRECTOR'S		

ANEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. S.

DEC 54 1820

SECEDAED

		Keg.	. Dist. No.
RA.	Dorchester MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Res o. STATE b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)  rural cambridge	c. chrok Town (If outside corporate limits, write RURAL o	and give nearest town)
16		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED Christian Middle	Lost 4. DATE Month OF DEATH Dec	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DA		DER 1 YEAR IF UNDER 24 HI
2	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  Retired Farmer  Farm Owner	11. BIRTHPLACE (State or foreign country) 12. Germany	CITIZEN OF WHAT COUNT
1 1	13. FATHER'S NAME Christian E. Jacobs	MOTHER'S MAIDEN NAME Emkao Brown	
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR Yes, no. or unknown) (If yes, give wor or dates of service) None Hos	MANT Address  b ital Records Cambridge.	Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) General Arteriose		INTERVAL BETWEEN ONSET AND DEATH UNKNO W
	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  (b)  DUE TO		•
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO
	U (IF EITHER, NOTIFY MEDICAL EXAMINER)	nter nature of injury in Part I or Port II of item 18.)	
	ZOc. TIME OF INJURY Month, Day, Year Hour o. st. P. m. 19 While of work of work foctory,	OF INJURY (Home, form, street, office bldg., etc.)	(County) (Sto
	21. I certify that I attended the deceased from 7 29 8 alive an 2000 1600 1950, and that death acc	, 1955, to $D$	n the date stated abo
/	ACTUAL SIGNATURE J. Dredge M.D.  PHYSICIAN'S NAME (Type) Thom 28 J. Dredge M.T.	ADDRESS (Street, city or town, state)  Erss-State-Hospital-Cambry	DATE SIG
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CRE	emetery 22d. LOCATION (City, town, or countered East New Market,	
035	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  1 Tramptom Son Loderalsbore	240. REC'D BY REGISTRAR 240. REGISTRAR'S	Mace D

ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs by the haspital or attending physician.
CTOR: After this certificate has been signed by the attending physician and campletely filled in by TO HOSPITAL OR A

CERTIFICATE OF BEATH

DEC 54 1829

BECENAED

VS A15 (4) 15M 9/55 1

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12447 CERTIFICATE OF DEATH

12414

	Tw.	448						Reg. Dist	. No.	
1. PLACE OF DEATH		1/100		2	. USUAL RESIDENCE (W	here deceased		n: Residence	e befare ad	mission)
	nester Co.		MARY	LAND	Maryla	nd	b. COUNTY	Dorch	ester	Co.
	outside carporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside carpo	rote limits, write RL	JRAL and gi	ve negrest f	lown)
Cambridge			5 Years		Cambridge	Md.	R.F.D.	#3		X
d. NAME OF HOSPITA OR INSTITUTION	R.F.D. # 3	ve street	oddress)		d. STREET ADDRESS  R.F.D. #	3			0	RESIDENCE N A FARM?
3. NAME OF	Fire	ıt	Middle		Lost	4. DATE	Mont	h	Day	Year
(Type or print)	Gail					OF DEATH	-		71.	1956
5. SEX	6. COLOR OR RACE	7. MAPP	F'rances		Jewell DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF U	NDER 24 HRS.
						1	last birthdoy)		Days Ho	
Female	White	WIDOW		- 10	une 12, 194		12 yrs.	10 6171	7511 05 1411	
<ol> <li>USUAL OCCUPATIO during most of work</li> </ol>	ing life, even if retired)	lane IUb.	KIND OF BUSINESS O	K INDUSIK	The second second		ountry)	12. CITIZ	EN OF WI	HAT COUNTRY
None			None		Cambridg			U	S.A.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Price J	Tewell				Louis	e Lila	ian Bramb	ole		
15. WAS DECEASED EVER	IN U. S. ARMED FOR	TES? 16.	SOCIAL SECURITY NO	. 17. INFO			Addr			
No	in yes, give you or ourse or is	, vice,	None	M	rs. Price J	ewell	Cambri	dee B	F.D.	#3 M
18. CAUSE OF DEA	No   None   Mrs. Price Jewell Cambridge R.F.D. #3 M  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]									
	PART I, DEATH WAS CAUSED BY: ONSET AND DEATH									
N	IMMEDIATE CAUSE (a)									
1754.4	1544 DUE TO O J - 2 1 1 1 1 2 1									
	Conditions, if any, which (b)									771
	gave rise to immediate Couse (a), stating the under-									
lying cause last.										
PART II. OTH  PART II. OTH  OR CONTRIBUTING  (IF EITHER, NOTIFY I	er significant con	OITIONS C	ONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO THE TERM	INAL DISEAS	CONDITION GIVE	EN IN PART	PE	AS AUTOPSY REFORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJURY Hour a. p.	Month, Day, Yea		NJURY OCCURRED	20e. PLACE	OF INJURY (Home, farr	m, 20f. (City	or town)	(Co	ounty)	(State)
Haur a. jr. p. m.	19	While at war	Not while	toctor	y, street, affice bldg., etc	c.)				
21. I certify the	21. I certify that I attended the deceased from									
alive on	alive on									
(/	ADDRESS (Street, city or town, state) DATE SIGNED									
SIGNATURE	SIGNATURE M.D. 1041 OCCUST 31 121									
PHYSICIAN'S NAME (Type)	N. H.+	tA	NKS		Ctris.	221	DEC 1	ya		126/1
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Dec. 26	1956	Dorchest				ION (City, tawn, o			Stole)
23. FUNERAL DIRECTOR'S		1320	ADDRESS	Pr WP		D BY REGIST	ridge RAR ONL REGIS	TRAR'S SIGN	NATURE	1
				L.M.	- 10	Lalt	-6	m	V2 - A	the
LeCompte Fu	meral Serv	TCG	Cambridge	rid.	DATE/	4007/17	W TANK	. 8	www	1/1/

CERTIFICATE OF DEATH

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**EXAMINER: This** 

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VS. A15ME(5)

BUREAU V. S.

DEC 34 1820

DECENTED

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e. IS RESIDENCE ON A FARM? YES NO W

Year

19 56

Rea. Dist. No.

Dorchester

Day

IF UNDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

15 minutes

PERFORMED? YES T

DATE SIGNED

(Slote)

NO .

(Stote)

10

Days

(County)

Dorchester

Inquiry X, and find that

U.S.A.

Months

5M 9/55

VS. A15ME(5)

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BUREAU V. S.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havin

TO HOSPITAL

Page

ofter death.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1242	8 CERTI	FICATE OF DEATH		Reg. Dist. No. 12417
1. PLACE OF DEATH O. COUNTY DOICE	ster MARY	2. USUAL RESIDENCE (WHO	b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	fimits, write c. LENGTH OF STAY	IN 16 CAM GI-1 2	utside corporate limits, write R	
d. NAME OF HOSPITAL (If not d haspited or INSTITUTION)	1. 3. 1. 14 1-	Tal Edward	ane	IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF DECEASED (Type or print) LOUIS C	LANDON Middle		4. DATE Mon OF DEATH DEC	th Day Year 23 1956
T. Negro	CE 7. MARRIED NEVER MARRI WIDOWED DIVORCE	D 726. 15, 14	9. AGE (In years last birthday) 49 yrs.	Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kied of wo during most of working life, oven if reti	ork done 10b. KIND OF BUSINESS O	DR INDUSTRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTY
13. FATHER'S NAME	z r M A N	14. MOTHER'S MAIDEN N	AME S William	<u>(</u>
15. WAS DECEASED EVER IN U. S. ARMED 8 (Yes, no. or unknown) (If yes, give wor or dates	213-10-6316	& Turs lignes	Hall Bal	Itures Sud
PART I. DEATH WAS CAUSED B IMMEDIATE CAUSE	BY:	'Carefral he	morrhage	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	(b)			
cause (o), stoting the <u>under-</u> lying cause last.	(c)			
CATI	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THI	CCURRED. (Enter noture af injury in P	art I ar Port II af item 18.)	
20c. TIME OF INJURY Month, Day, Hour a. jt. p. m.	Year 20d. INJURY OCCURRED While Nat while of work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that I attended to	me deceased main.	death accurred at 3.00		,that I last saw the deceas
ACTUAL SIGNATURE Laureur	manjaner		DDRESS (Street, city or town,	
PHYSICIAN'S Lawren	ce Maryani	ov Cau	nbridge,	Md
220. BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) 12/28	136 Schere	etery or crematory	22d. LOCATION (City, lown, o	or county) (State)
23. FUNERAL DIPLECTOR'S SIGNATURE	I sury Com	edge Wood 240. REC'D	BY REGISTRAR 200 REGIS	STRAR'S SIGNATURE A.

TO THE MINISTER STATE OF THE SERVICE STREET, STREET 5 1957 NAI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13107

. IS RESIDENCE ON A FARM?

Day

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO T

(State)

DATE SIGNED

(State)

USA

Days

(County)

YES NO THE

Year

1956

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BUREAU K. K.

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No. 24 to design of the August of the August

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CEPTIEICATE OF DEATH

	243				**	eg. Dist. No.	
1. PLACE OF DEATH a. COUNTY Do	rchester	MARYLAN	2. USUAL RESIDENCE (VO. STATE	Where deceased live	h COUNTY	Residence befor	
b. CITY OR TOWN RURAL and give	(If outside corporate limits, wr nearest lawn)	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (IF	outside corporate	limits, write RURA	AL and give nea	rest town)
Cambri		5 weeks	Federal	Laburg.	Md.	R.F.D	05 K-
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give st		d. STREET ADDRESS	ral			ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print)	May A. M	Middle artin	Lost	4. DATE OF DEATH I	Month Dec. 7,	I956	Year
5. SEX	6. COLOR OR RACE 7. A	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A			IF UNDER 24 HRS.
fem.	white wo	OWED DIVORCED	Aug. 15,18	377	ost birthday) M	onths Days	Hours Min.
100. USUAL OCCUPAT during most of wo	rking life, even if refired)	10b. KIND OF BUSINESS OR IN	Linkwood	e or foreign countr	γ)	12. CITIZEN O	F WHAT COUNTR
3. FATHER'S NAME	120	440420	14. MOTHER'S MAIDEN			0.0	
Robe	rt Mc Cread	У	unknov				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT		Address		
no	(ii yes, give was or desire or service)	no	Mrs. George	Fowler	c Camb	ridge,	Md.
		Terminal Pronc	no-pneumonia			ONS	day
Conditions, if gave rise to couse (o), stating lying cause lost	IMMEDIATE CAUSE (o)  DUE TO  any, which immediate the under-	Carcimona of G	no-pneumonia all Bladder wit				months  MAS AUTOPSY PERFORMED?
Conditions, if gave rise ta couse (a), stating lying cause last PART II. O' OR CONTRIBUTING (IF EITHER, NOTIF	IMMEDIATE CAUSE (o) DUE TO any, which immediate to the under to the un	Carcimona of G	all Bladder wit	MINAL DISEASE CC	ONDITION GIVEN		day months
Conditions, if gave rise ta couse (o), stating lying cause lost PART II. O PART II. O CONTRIBUTING (IF EITHER, NOTIF Hour a. p. m.	IMMEDIATE CAUSE (o)  DUE TO  any, which immediate grade under (c)  THER SIGNIFICANT CONDITIO  (AS UNDERLYING (C)  G (C)  CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Year (2)  Worth of the condition of th	Carcimona of G	BUT NOT RELATED TO THE TERM  RRED. (Enter noture of injury in  PLACE OF INJURY (Home, for factory, street, office bldg., e	MINAL DISEASE CC	ONDITION GIVEN  If item 18.)  own)	IN PART 1(a) 1	day  months  was autopsy performed? yes \( \) NO \( \)  (Stote)
Conditions, if gave rise ta couse (o), stating lying cause lost PART II. O' PART II. O' O'R CONTRIBUTING (IF EITHER, NOTIF EITHER, NOTIF Hour a. p. m.	IMMEDIATE CAUSE (o) DUE TO any, which immediate the under (c) THER SIGNIFICANT CONDITIO  (AS UNDERLYING (C) (C) (AS UNDERLYING (C) (C) (C) (AS UNDERLYING (C)	Carcimona of G	BUT NOT RELATED TO THE TERM  RRED. (Enter noture of injury in factory, street, office bldg., e	m. 20f. (City or the)	own)  19.56.,tl	(County) hat I last so	May  Months  Mas Autopsy PERFORMED? YES NO SC  (Stote)  w the decease e stated abay
Conditions, if gave rise ta couse (o), stating lying cause lost PART II. O' PART II. O' O'R CONTRIBUTIN (IF EITHER, NOTIF Hour a. p. m. 21. I certify a live on	IMMEDIATE CAUSE (o) DUE TO any, which immediate the under to the under	DESCRIBE HOW INJURY OCCU  INJURY OCCURRED  Not white  work 2 wark 2  eased from 11-6  956 and that de  Wolff M.D.  22c. NAME OF CEMETER	BUT NOT RELATED TO THE TERM  RRED. (Enter noture of injury in  PLACE OF INJURY (Home, for factory, street, office bldg., e)  156., to  ath occurred at 2:00  M.D. 15 Local	m. 20f. (City or the) 12-7 DPM, from the ADDRESS (Street,	own)  19.56.,tl	(County) hat I last so	Months  Months  Mas Autopsy PERFORMED? YES NO (Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retain by the haspital or attending physician.

TO FUNERAL FOR COR: After this certificate has been signed by the attending physician and campletely filled in the page 3 should be detached for use as the burial-transit permit. Then please remany carbon papers. Pages 1 and 2 like registrar prior to burial, crematian, or remanal, and in any event within 72 hours after death.

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BUREAU V.			
- 956T. AT 03C			
- 9561, AI 030			
BOKEYO A. S.			

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Dorches		MARYLAND	2. USUAL RESIDENCE (WE O. STATE Mary.	land	b. COUNTY	Dor	ches	ter
b. CITY OR TOWN RURAL ond give	(If autside corporate limi nearest tawn)	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	autside carpo	prote limits, write R	URAL and giv	ve nearest	lawn)
Can	nbridge		10 yrs	Camb:	ridge				/3
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	ive street	address)	d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
96	Park Lane			96 Pa	ark I	ane			NO I
3. NAME OF DECEASED (Type or print)	Fir Nan		Middle	Mc Jane	4. DATE OF DEATH	Dec	th	Day 22	Yeor 19 56
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)			NDER 24 HRS.
Female	Negro	WIDOW		June 11,18	394	62 yrs.	Manths D	Days Ho	urs Min.
during most at we	sewife		KIND OF BUSINESS OR INDU Housewife	North Cs  14. MOTHER'S MAIDEN N	roli			USA	HAT COUNTRY
			ughlen	Ne	ancy	Coving	ton		
IS. WAS DECEASED EN	VER IN U. S. ARMED FOR 1 (If yes, give wor or dates of a		SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		10-11
No		2	20-26-1396	Pearlie Mae	. Mc	Lane, Ca	ambri	dge.	Md.
Canditions, if gave rise to cause (a), statin lying cause last	g the under-		contributing to DEATH BUT					1(a) 19. W	AS AUTOPSY RFORMED?
O (IF EITHER, NOTIF	VAS UNDERLYING DIG CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Por	t II of item 18.)		1123	
20c. TIME OF INJU	. 10	While	NJURY OCCURRED 20e. PL Not white k ot work	ACE OF INJURY (Home, form ctary, street, affice bldg., etc.	20f. (City	or town)	(Co	unty)	(State)
21. I certify alive an De ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Kelves	12	ed from Dec 12, 56, and that death sett, M.D.	occurred at	M, from	n the causes a treet, city ar town,	ind on the state)	e date st	ne decease ated abave DATE SIGNE
220. BURIAL, CREMATI REMOVAL (Specif BULLI & I	12/26/1	.956	22c. NAME OF CEMETERY O		NV65 N/8	TION (City, town, o	or county)	111111111111111111111111111111111111111	Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	us	ADDRESS	24a. REC'	D BY REGIST		STRAR'S SIGN		ce of

may be retain by the haspital or attending physician.

TO FUNERAL CORE: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shaula be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

after death. Page 4

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			당 중 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror priv
15	. A	15/	ME(
4	5M	9/	55

		1245	EDICA	AL EXAMINER	'S	CERTIFICA	TE OF	DEATH	Reg. D	list. No	244	٤()
	PLACE OF DEATH G. COUNTY	164:	) 25	MARYLAN		2. USUAL RESIDENCE (V	Vhere deced	sed lived. If Institu b. COUNTY	1		ore adm	
	b. CITY OR TOWN (IF	outside corporate limits, w		c. LENGTH OF STAY IN 1		c. CITY OR TOWN (II	outside co	porote limits, write				
	and give nearest town							poroto tilitis, titto		13		
_		I' L I O	Of and in he	papital, give street address)		d. STREET ADDRESS		14.		100	I - 40 D	ESIDENCE
	Gardenia		0.5 11			102 445	Stor	e t			ON	A FARM?
3.	NAME OF DECEASED (Type or print)	eldi to	irst	Middle	1: 7	Last	4. DATE OF DEATH	Month		Doy		ear
5.	SEX	6. COLOR OR RAC		IED NEVER MARRIED	-	ATE OF BIRTH		9. AGE (In yours	IF UNDER	TYEAR		ER 24 HRS
	Camala	Lite	WIDOWI			t 23. 1	73	lost birthday) yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	ON (Give kind of wor	done 10b.	KIND OF BUSINESS OR IND	JSTRY	11. BIRTHPLACE (Stale	or fareign	country)	12. CIT	IZEN O	F WHAT	COUNTRY
		ine, even ii remeo		Mone		Linkyon	10)172	Co	TIS	18		
13	FATHER'S NAME				1	4. MOTHER'S MAIDEN I				100		
	17 2 3 3 3 3	Brinefi	-7-4			Marian end	1 2	0.00.00				
15	WAS DECEASED EV			SOCIAL SECURITY NO. 117	INF	ORMANT	-110	Address				
(Ye	s, no. or unknown)	Ilf yes, give war or dates	of service)					W . 7 7 4				
_	1.0	F- · ·	1		تنبي	177	C	43.1				-
		TH [Enter only one of the WAS CAUSED BY:	ouse per line	for (a), (b), and (c).						ONSE	T AND DE	ATH
	2 7	IMMEDIATE CAUSE (	o)	erebral Vas	0	Dan scrip	ent			1	n.	
	2341	DUE TO	)									
	Canditions, if a		b)									
	gove rise to immed (o), stating the t						vc" 33					
	cause lost.		c)									
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEATH BU	TNO	T RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PAR			AUTOPSY PRMED? NO
CERTIFI	20g. EXTERNAL CAL PRIMARY   or CON CAUSE OF DEATH.	JSE WAS NTRIBUTING []	20b. DESCRII	BE HOW INJURY OCCURRED	. (Ente	er nature of injury in Por	t I or Port I	of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Y	Whi			OF INJURY (Home, farm, street, office bldg., etc.		y or town)	(Ca	unty)		(State)
	21, I certify th	at I taak charg	e af the	remains described a	bave	, held an Autaps	y 🔲, I	nspection X,	Inqui	гу 🗍	, and	find the
	death resulted	fram: Natura	causes	, Accident ,	vicio	de 🔲, Hamicide	, U	Indetermined c	duse [	].		
	ACTUAL SIGNATURE	Jan	~ >	noce		M.D. CHIEF MEDICAL EX					DATE S	SIGNED
	EXAMINER'S NAME (Type)	Dr. John	Mace	Jr.		ASSISTANT MEDICAL			12,	/20/	55	
220 R	REMOVAL (Specify)		OF 1956	East Vener	OR CI	REMATORY	22d. LOCA	The w	May	la IT	(Stat	nd.
23.97	FUNERAL DIRECTOR	S SIGNATURE	OSone	ADDRESS	See	molel	D BY REGIS	TRAR 245 REGIS	TRAR'S SI	GNATU	E	3)
<u>\</u>	acomple	1 Character	*****	0477000	T	DATE /	7201	DETT	1	·		<i>V.</i>

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEC SA 1820

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TO HOSPITAL OR

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 19/133

CERTIF	CATE	OF	DEATH

Reg. Dist. No. 12422

1. PLACE OF DEATH 6. COUNTY	MARYLAND	2. USUAL RESIDENCE (		lived. If institution b. COUNTY		lle es	
b. CITY OR TOWN (If outside corporate limits, write   c. LET		Maryl				ester	
RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corpor	ote limits, write R	URAL ond giv	re nearest to	own)
Cambridge Md. 2		Cambridge	Md.		/	3	
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	)	d. STREET ADDRESS					RESIDENCE
211 Weat Appleby Ave	a	211 Wes	t Apple	by Ave.			□ NO [Ŧ]
3. NAME OF DECEASED (Type or print) James	Middle B. M	urphy	4. DATE OF DEATH	Mon Dec. 6		Day	Year 19 56
5. SEX   6. COLOR OR RACE   7. MARRIED		B. DATE OF BIRTH		9. AGE (In years		YEAR IF U	NDER 24 HRS.
Male White WIDOWED	DIVORCED [	May 28, 18	ופר	lost birthday)  39 77 yrs.	Months D	ays Hou	ers Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. KIND (					12 CITIZ	EN OF WA	AT COUNTR
during most of working life, even if retired)	ester Water			um / /			TAT COUNTR
3. FATHER'S NAME	ester water	Co Maryla	The second secon		U	S.A.	
John T. Murphy			Jones				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no. or unknown) 1 (If yes, give wor or dates of service)	L SECURITY NO. 17. I	NFORMANT		Addi	ess		
No 2111-	97-7103	Mrs. Thomas	Creight	on 211	West	Apple	by Ave
18. CAUSE OF DEATH [Enter only one cause per line for (						INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY:							ND DEATH
IMMEDIATE CAUSE (o) Urem:	la					I mo	nth
///X DUE TO							
Conditions, if any, which (b) Carci	noma of Pr	ostate - gra	de 2			3 ve	ars
couse (o), stoting the under-							
lying couse lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	(o) 19. WA	AS AUTOPSY
none						PER	RFORMED?
		D. (Enter noture of injury i	in Part I or Port	II of item 18.)		163	☐ 140 图
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While Not work of work of	OCCURRED 20e. PL	ACE OF INJURY (Hame, fo	arm, 20f. (City	or town)	ICo	unty)	(State)
Hour a. jr. 19 While N	at while for	ctory, street, office bldg.,	etc.)		100	,,	(oldie)
		on on					
21. I certify that I attended the deceased fro	m_11-1	, 19.56, to	12-6	19.56	.,that I la	st saw th	ne decease
alive on 12-5 1956	and that death	occurred at 9:1	OAM, from	the causes a	nd an the	date st	ated abov
	1) -11	)		eet, city or town,			DATE SIGNE
SIGNATURE CONSOLAR H	11/02/	M.D. 15 Loc	net Str	eet. Cam	bridge	Ma	12-8-
SIGNATURE CELEBOTE	W /h	M.D	Mac Del	ger. Cam	DITUE	1 40	16-0-
PHYSICIAN'S NAME (Type) Eldridge H. Wolff	MDOU						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. I	NAME OF CEMETERY O	R CREMATORY	22d. LOCATI	ON (City, town, o	r county)	(S	itote)
	embridge Ce	meterv	Cambr	idae	W	arvla	nah
	DDRESS		C'D BY REGISTE		TRAR'S SIGN		1)
LeCompte Funeral Service Car	mbridge Mar		/ / -	1	m VMA	as,	W.
recombre Lanerar Delate Car	mbridge Mar	Y Land DATE	0/11/04	7710	11/100		/-

HEATER OF PARTIES

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HOSPITAL

-36-5208

CEREBRAL

Not while

ADDRESS

COMPANY FUNERAL HOME - SALISBURY, MD.

Mardela Cemetery

of work

20d. INJURY OCCURRED

While

at work

WIDOWED

ORCHESTE b. CITY OR TOWN (If outside cornorate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

SHORE STATE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]

DUE TO

DUE TO

Day, Year

21. I certify that I attended the deceased from

22b. DATE THEREOF

13-1956

o. COUNTY

DECEASED

(Type or print)

13. FATHER'S NAME

LINENDWI

3 NAME OF

5. SEX

RURAL and give nearest lown)
AMBRUS

during most of working life, even if retired)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6)

Conditions, if any, which gave rise to immediate

cause (a), stating the underlying couse lost.

0. (1)

p. m

ACTUAL

220. BURIAL, CREMATION.

REMOVAL (Specify) Buria

23. FUNERAL DIRECTOR'S SIGNATURE

20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month.

**OP-INSTITUTION** 

Mardela

24g. REC'D BY REGISTRAR

DATE

Springs, Maryland

246. REGISTRAR'S SIGNATURE

pe P FUNER 3 0 VS A15 (4) 15M 9/55

231492	W. Carl	PARKANA		9,37,154	DAKE
		U US NO BH	11 days		CAMBA
			792/27	5 X	Edstern sm
de or	DECEMBER.	V X 1194	JAMES M	5A/4C	I
		5-21-1875		-	MIBLE IN
UZY.	Jan 23 6	MARYLAN	guerra 2	59	FARM
	BOUND	47=86-21-	YA	EL MURA	MICHA
(CSCO)	25.6100	TEAN SHOKE STATES	A Second		jungani)
18 248	31832	DIE HEART D	Prioreter.	AR LINE	
		ARTERICICLES			
1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	2/3/25		WERRLIZE B	3TJ	AND THE RESERVED OF THE PARTY O

M

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fler death. Page 4

moy be relay by the haspital or ottending physicion.

TO FUNERAL DIFFCTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

TO HOSPITAL

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12449

12424

**CERTIFICATE OF DEATH** 

			1.1
leg.	Dist.	No.	110

									g	10. //
1. PLACE OF DEATH o. COUNTY Do	orchester		MARY		2. USUAL RESIDEN  o. STATE Maj	ICE (Where d	eceosed lived, b	If institution:	Residence be orches	efore admission)
RURAL and give	(If outside corporate limit peorest lown) LISBURG - Ru		c. LENGTH OF STAY	IN 1b	c. CITY OR TOV		Delawa		AL ond give	nearest town)
d. NAME OF HOS OR INSTITUTION	Near Coke				d. STREET ADD	RESS R.F.D.			1	e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Alic		Virgini	La	Nicho	Ls 4. 5	OATE OF DEATH	Dece	mber	Day Year 16 19 5
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIE		ctober 1	2, 188	9. AGE		UNDER 1 YE	AR IF UNDER 24 I
during most of w	TION (Give kind of work orking life, even if refired OWOIK	done 10b.	KIND OF BUSINESS OF	R INDUSTI	Caroli	(Stole or for	eign country) Mary	land	U.S	OF WHAT COU
13. FATHER'S NAME					14. MOTHER'S MA		THE STATE	10 10		
	her Sulliva				Unknow	m				
(Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	social security no.		s. Levin	R. Al	Len, Se	Address aford,		R.F.D.
Conditions, if gove rise to couse (o), slotin lying couse los	immediate g lhe under-	, <u>1</u>	ar dio	- G	en of ar	ten	s cler			1932 1932
CAT	VAS UNDERLYING		CRIBE HOW INJURY OF						I IN PART 1(6	19. WAS AUTOF PERFORMED YES NO
OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)									
20c. TIME OF INJE Hour a. ri p. m	1.	20d. It While of worl	Not while	20e. PLAC focto	E OF INJURY (Horry, street, office blo	e, farm, 20	f. (City or town	(۱	(Count	ty) (Si
21. I certify alive on	that I attended the	decease J. 122		death c	1932, 1 occurred at 12	2:55PM		causes and	on the c	saw the decedate stated ab
PHYSICIAN'S NAME (Type)	W. F. Lei					ralsb		ryland		
270. BURIAL, CREMAT REMOVAL (Specif BUTIAL	Dec. 18,	1956	22c. NAME OF CEME Hill Cres	t Cer	crematory metery	22d.	redera.	Lsburg,	ounity)	(Stote)
J.J. Framp	er's signature son,	Feder	alsburg, M	i.		TENTO		24b. REGISTR	AR'S SIGNAT	Let -

DAY BERNELL

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BUREAU V. S.

DEC 31 1020

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ifter death. Page

ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERT	IFIC	ATE	OF	DEA	TH
CP1/1	1110	1-4 1 PP		D br	2

12425

2434	CERTIFICATE	OF	DEAT

		Reg. Dist. No.	
ased		If institution: Residence before admission)	
1	Ь.	Dorchester	

1.	PLACE OF DEATH						DENCE (Wh	ere decease	d lived. If institu	tion: Residen	ce befo	re odmissi	on)
	a. COON11	Dorches	ter	MARY	LAND	a. STATE	Marv.	land	b. COUNT	Dorc	hes	ter	
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	utside carpo	rate limits, write	RURAL and	give nec	erest town	)
	-	ridge		Life			Camb	ridge					13
		AL (If not in haspital, g	ive street			d. STREET		de als (A ) S				e. IS RESI	DENCE
		rudge-Md.	Host	ital			446 1	High	Street				FARM?
3.	NAME OF	Fin		Middle	1	la		4. DATE		onth	Do	- Y	fear
	(Type or print)	Mar	tha	Dixon		Plat	er	OF DEATH	De		27		956
5.	SEX			NEVER MARRI		B. DATE OF BIRT			9. AGE (In year last birthday)		1 YEAR		
	Female	Negro	WIDOWI			Anril	6.	1885	last birthday)		Days	Hours	Min.
	. USUAL OCCUPATIO	N (Give kind of work o	lone 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHP	LACE (State		1 44		IZEN C	F WHAT	COUNTRY
	House	ng life, even if retired) Wife		Housewi	fe	Dor	ches	ter O	o. Md		T	ISA	
13.	FATHER'S NAME			220000112		14. MOTHER'S			O a ma	•		DA	
		Unknow	n				T	Rosie	Dixo	n			
	WAS DECEASED EVER			SOCIAL SECURITY NO	). 17. 1	NFORMANT		TOSTE		ldress			
(Ye	No No	f yes, give wor or dates of se	rvice)	8-24-737	3 D	alistin	D'	later	Com	bridg	- B/	12	
_		TH [Enter only one co				YTTOUT	E I.	raver	Valli	DITUE	-		DAVECNI
		H WAS CAUSED BY:				unnan a o	tion					ERVAL BET	
	110 ==	IMMEDIATE CAUSE (0)		Cardiac I	7600	unharrage	01011						
	420.0	DUE TO	Anni		-+4	a haan	+ 210	2000					
	Conditions, if an	madiate	Art	erioscle	(,0 0 1	c near.	t als	5005			-		
	couse (a), stating t												
z	lying cause fast.	) (c)	NEIGNIC C	O. 170/01/2010 70 00						-			
TION	PART II. OTH	ER SIGNIFICANT CON					THE TERMI	NAL DISEASI	E CONDITION G	IVEN IN PAR	T 1(a) 1	9. WAS A PERFOI	RMED?
FIG	20 4551001171111			kemic Let								YES 🔲	NO 🗌
CERTI	OR CONTRIBUTING	CAUSE OF DEATH	206. DES	TRIBE HOW INJURY O	CCURRE	D. (Enter nature o	of injury in P	art I or Port	III of item 18.)				
SAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. II	NJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form.	20f. (City	or town)		ounty)		(State)
MEDIC	Hour a. 51.	19	While at wor	Not while	foo	tory, street, office	e bldg., etc.	)	or rowing	,,	.oomy;		(aidie)
2	p. m.				nhor	12 56	Do	cemb	er21 5				
	21. I certify the	at I attended the	deceas	ed fram Decel	inei	12, 1920	_, ta	COMILO	er2/1950	,that I I	last so	w the	deceased
	alive on De C	emper 21	19 122	6, and that	death	occurred at		_M, fran	n the causes	and an th	ne da	te state	d above
	ACTUAL	XI st	111	2				ADDRESS (51	reet, city or lown	i, state)		7 2A	TE SIGNED
	SIGNATURE	atheria	100			м.р. 227	Pine	20-0	Sum. Tal	Ro ' Lm	•	16-	
	PHYSICIAN'S J.	Edwin F	asse	tt, M.D.									
220	BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State	)
	REMOVAL (Specify) Burial	12/30/1	956	01d F	ield	Cemet	erv		cheste	,,,	Ma	, , , , ,	
23.	FUNERAL DIRECTOR'S	SIGNATURE	)	ADDRESS		00000		BY REGIST		ISTRAR'S SIG	NATUR	E	1
1	a LA OLX IVI	118-11214	. 61					1. 100	7   / /	/	Vn	4	111

Cambridge.

Md

DATE

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Syrie funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL VS A15 (4) 15M 9/55

BUREAU V. S.

7261 & NAI

PLACE OF DEATH

b. CITY OR TOWN III
ond give necrest town
Mt. Holl

d. NAME OF HOSPIT

NAME OF

5. SEX

No

CERTIFICATION

MEDICAL

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

2

Female

(Type or print)

10a. USUAL OCCUPATION during most of working Teacher Ho13. FATHER'S NAME

William H.

18. CAUSE OF DEAT

Conditions, if a

gove rise to immed (a), stoting the couse lost.

chester Co.		MARYLAND	o. STATE Man	CE (Where deced	sed lived. If Institu b. COUNT	Y .		ore odmi	
autside corporate limits, write RURAL C. LENGTH OF STAY IN 16					porote limits, write				
7		5 Yrs.	Mt Holly	7					
L OR INSTITUTION (II	not in hosp	pital, give street address)	d. STREET ADDRE	SS					SIDENCI
7			Mt. Ho	olly				YES	A FARM?
Firs		Middle	Last	4. DATE	Montl	1	Day	Y	egr
Eugenia		Willis	Roberson	OF DEATH	Dec.		3	1	9 56
	7. MARRIE		DATE OF BIRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UNDI	
White	WIDOWED	DIVORCED	favr 20 187	70	lost birthday) 77 yrs.	Months	Days	Hours	Min.
N (Give kind of work d	lone 10b. K	IND OF BUSINESS OR INDUST	RY 111. BIRTHPLACE	State or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTR
						1.21 61			
							S A		
		None	Church (	Creek Md			S.A.		
sewife			Church (	Creek Md			S.A.		
Nillis R IN U. S. ARMED FOR	CES? 16. 5	None	Church (	Creek Md			S.A.	_	
Nillis R IN U. S. ARMED FOR	ICES? 16. S	None.	Church (  14. MOTHER'S MAID  Mary Mac	Creek Md EN NAME Ce	Address	U.		* 1	36.1
Sewife  Willis R IN U. S. ARMED FOR M yea, give wor or dates of a	ICES? 16. S	None.  Social SECURITY NO. 17. III	Church (	Creek Md EN NAME Ce		U.	ambr	idge	-
Willis R IN U. S. ARMED FOR Myea, give wor or dotes of s  H [Enter only one coust WAS CAUSED BY:	ICES? 16. Service)	None.  Social security no. 17. #  None.  Por (a), (b), and (c).	Church (  14. MOTHER'S MAID  Mary Mac  NFORMANT  TR. R. E. F	Creek Md EN NAME Ce	Address	U.	ambr	idge VAL BETWE IT AND DEA	EN
Willis R IN U. S. ARMED FOR Myea, give wor or dotes of s  H [Enter only one coust WAS CAUSED BY:	ICES? 16. Service)	None  SOCIAL SECURITY NO. 17. IP  None  or (a), (b), and (c).	Church (  14. MOTHER'S MAID  Mary Mac	Creek Md EN NAME Ce	Address	U.	ambr	VAL BETWE	EN
Willis R IN U. S. ARMED FOR Myea, give wor or dotes of s  H [Enter only one coust WAS CAUSED BY:	ICES? 16. Service)	None.  Social security no. 17. #  None.  Por (a), (b), and (c).	Church (  14. MOTHER'S MAID  Mary Mac  NFORMANT  TR. R. E. F	Creek Md EN NAME Ce	Address	U.	ambr	VAL BETWE	EN
Willis R IN U. S. ARMED FOR If yes, give wer or dotes of s  4 [Enter only one coust I WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO y, which) (b)	ICES? 16. Service)	None.  Social security no. 17. #  None.  Por (a), (b), and (c).	Church (  14. MOTHER'S MAID  Mary Mac  NFORMANT  TR. R. E. F	Creek Md EN NAME Ce	Address	U.	ambr	VAL BETWE	EN
Willis R IN U. S. ARMED FOR If yes, give wor or dotes of s  H [Enter only one count 4 WAS CAUSED BY; MMEDIATE CAUSE (o) DUE TO	ICES? 16. Service)	None.  Social security no. 17. #  None.  Por (a), (b), and (c).	Church (  14. MOTHER'S MAID  Mary Mac  NFORMANT  TR. R. E. F	Creek Md EN NAME Ce	Address	U.	ambr	VAL BETWE	EN

200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING PACKAGE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while o. m. at work ot work Dorchaster p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection K and find that death resulted fram: Natural causes X Suicide Hamicide Undetermined cause DATE SIGNED

Baptist Churchvard

ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

ADDRESS

1) 15/51

(Stote)

NAME (Type) Dr. JOHN DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATI

22d. LOCATION (City, town, or county)

Milton Md.

| 24g. REC'D BY REGISTRAR | 24g. REGISTRAR'S SIGNATURE

LeCompte Funeral Service Cambridge Md.

1956

DATE/2/2/56 John

VS. A15ME(5) 5M 9/55 MARYEN STATE DEPARTMENT OF HEALTH - SALTIMOSE,
MICHAEL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. E.

DEC 10 1920

SECENED

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12427

## CERTIFICATE OF DEATH

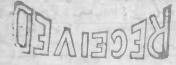
After y of			16361
death.	W	CERTIFICATE 12451	OF DEATH Reg. Dist. No.
-	-	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
the at		COUNTY DORCHESTER MARYLAND	STATE MARYLAND COUNTY TALBOT
hours sctor, t	,	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporete limits, write RURAL end give nearest town) OR
72 he	X	TOWN BURAL CAMBRIDGE / WK	TOWN CORPORE 20X 2
N. To	1	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rurel give location) ADDRESS
within		3. NAME OF (First) (Middle)	(Lest) JA, DATE (Month) (Dev) (Yaar)
		DECEASED (Type or Print)	(Lest) 4. DATE (Month) (Dey) (Year) OF DEATH ()
registrar by the		5. SEX   6. COLOR OR   7. SINGLE, MARRIED.   8. DATE O	EA9 126
		RACE WIDOWED, DIVORCED.	Months   Deys Hours   Min.
후근		10e, USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
with	1	done during most of working life, even if  OR INDUSTRY  FARMING	PENNA. COUNTRY?
- 2		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
be filed ipletely		WILLIAM SERY	AMELIA SERV
completely		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yas, no, or unk.)   (If Yas, give wer or dates of service)	17. INFORMANT & ADDRESS
ficat	0	(Yas, no, or unk.) (If Yes, give wer or dates of service) 2/8-24-42	55
ician	6	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL GER  13.1 IMMEDIATE CAUSE  (A)	re Heart failure 6 M O S
at the	- 1	ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (8)  GIVING RISE TO THE ABOVE CAUSE  STATING UNDERLYING CAUSE LAST. DUE TO	U
requires that		(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	3	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
202	, 0	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	PIC. WHERE DID INJURY OCCUR? (City or town) (County) (State)
SECTOR: The		(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21a. INJURY OCCURED While et work et work	21f. HOW DID INJURY OCCUR?
has b	10M /	22. I hereby certify that I attended the deceased from J. 4. D.E.	4,15.PM, from the causes and on the date stated above.  ADDRESS (Street, city, lown, stele)  DATE SIGNED  O 5
FUNER	A15C 1-55	23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMPTERY OR BURIAL (SPECIFY)  BURIAL 12/22/56 5- FAUL'S LUT.	CREMATORY LOCATION (City, town, or county)  MEREN CHURCH CORDOVA, MARYLAND
5	YS	24. REC'D BY REGISTRAR 1950 REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11.3	17	DATE TOUR PLANE	Un Tramplan (and EASTON, MD.

TO ST. ADMITTAL STORM TO THEMTSASSIG STATE OFFICE AND

# CERTIFICATE OF DEATH

BUREAU V. S.

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CERTIFICATE OF DEATHS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(5)

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	MARYLA	ND STA	TE DEPARTA	LENT OF HE	ALTH-	-BAL	TIMORE, 1	8	10	100	
	12453	3	CERTIFIC	ATE OF DE	ATH			Reg. Dist		430	
o. COUNTY	Dorchest	er	MARYLAND	2. USUAL RESIDER o. STATE	Ice (Where		l lived. If institution b. COUNTY		e before odr		
RURAL and give ne		100	GTH OF STAY IN 16		7 335		rate limits, write RL	JRAL and gi			-
Rural -	Cambridge		Life		Rural	- (	Cambrida	ze		>	5
OR INSTITUTION	AL (If not in haspital, give	street address		d. STREET ADD	RESS				10	RESIDENCE	1
	R.F.D. 1			F	P.F.D	. I.			YES	□ NO □	
NAME OF DECEASED	First	\$1. P.	Middle	Last	4.	. DATE	Mant	th	Doy	Year	
(Type or print)	Henrie	tta				DEATH	Dec.		10. 195		
. SEX	6. COLOR OR RACE 7.	MARRIED 3	NEVER MARRIED	B. DATE OF BÎRTH	-		9. AGE (In years last birthday)			NDER 24 HRS	
Female	Negro W	DOWED [	DIVORCED	April 1	189	5	61 yrs.	Months	Days Hau	rs Min.	
during most of work	ON (Give kind of work dank king life, even if retired)							12. CITI		AT COUNTR	Y?
Lanor	- P	I HOO	d-Packing	Torok	PACTO	70 (10	> MA		TTCLA		

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Millie Jenkins 15. WAS DECEASED EVER IN S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Cambridge. No Hazel INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] Decompensation PART I. DEATH WAS CAUSED BY: Cardiac IMMEDIATE CAUSE (o) DUE TO Hypertensive Cardiovascular Disease Conditions, if any, which gave rise to immediate DUE TO casse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while 19 ol work al work p. m.

21. I certify that I attended the deceased from December 1119 53 to December 101956 that I last saw the deceased alive an Decem and that death occurred at\_ M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) ACTUAL Pine St-Cambridge . Md

22d. LOCATION (City, town, or county)

PHYSICIAN'S NAME (Type) Fassett.M.D in

220. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY
REMOVAL (Specify)	701 /2056	

Burrar Salem Cemeter

Salem Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Cambridge. DATE /

filed with director unerol PS puo 2 filled completely eath. puo eechon after physician hoors 72 attending PY has been signed per buriol-transit removal, certificate page 3 should be detached for use the registrar prior to burial, cremati RECTOR: TO FUNERAL

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HOSPITAL 1SM 9/55 CERTIFICATE OF DEATH

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

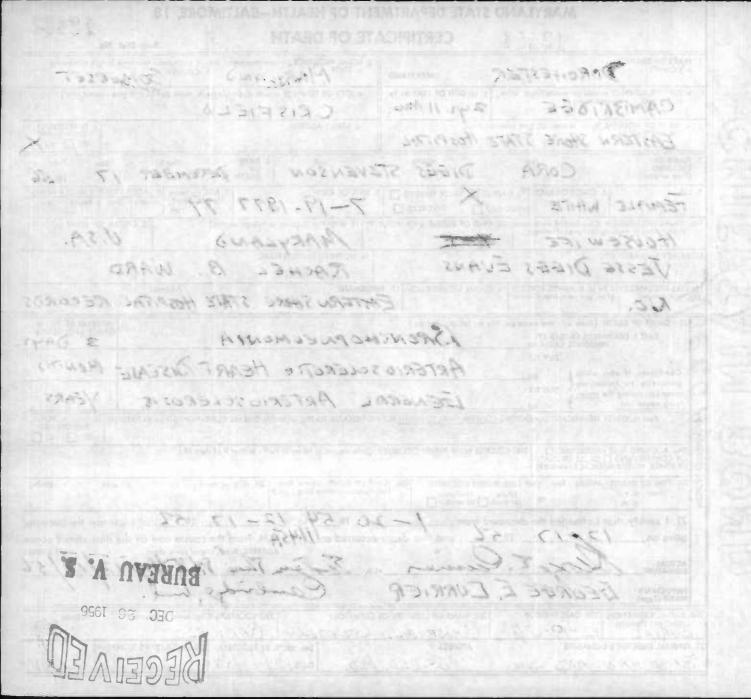
BUREAU V. S.

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DECEIVED

	12454 CERTIFIC	ATE OF DEATH  Reg. Dist. No.
Ī	DORCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY SOMERSET
X	b. CITY OR TOWN (If outside corporate limits, write RUCATON) SEE 24. 11 Mus.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CRISFIELD /931
16	d. NAME OF HOSPITAL (If not in hospital, give street oddress OR HOSPITAL SHORE STATE HOSPITAL	d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM? YES NO
3		TEVENSON 4. DATE Month Day Year OF DEATH DECEMBER 17 1956
5	TEMPLE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In Months Days Hours Min.
/	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  15. A.
	JESSE DIEFS EVANS	RACHEL B. WARD
1)	Not no ne unbound the series of the	INFORMANT  ASTERNSHME STAFE HOSPIFBL RECORD
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) ad (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CHOPNEUMONIA INTERVAL BETWEEN ONSET AND DEATH
	1/70 DUE TO	SCIEROTTE HEART DISEASE MONTHS
	gove rise to immediate DUE TO	OL ARTERIOSCIEROSIS YEARS
0		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
Tal	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I ar Part II of item 18.)
1470	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from.	20. 19.54to 12-17, 1954 that I last saw the deceas
	alive on 1936, and that death	ADDRESS (Street, city or town, state)  DATE SIGN
4	SIGNATURE FENDER F FILERICE	M.D. More Viene State Tesp 12/17/5
2	NAME (Typo)  220. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  22c. NAME OF CEMETERY.	
2:	BURIAL 12-19-56 CRISFIELT  3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	CEMETERY CRISTIELD MD.  240. REC'D BY/REGISTBAR PAD. REGISTRAR'S SIGNATURE
-	BRADSHAW AND SONS (REFIELD.	M.D. DATE /2/2/56 John Mach

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ofter death. Page 4

may be retained by the hospital ar attending physician.

TO FUNERAL DARECTOR: After this certificate has been signed by the attending physician and completely filled in the fineral director, page 3 should be detached far use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, or remaval, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12433

		124		CEKIII	ICA	TE OF DEA	Ш	1		Reg.	Dist. No		440
1.	PLACE OF DEATH o. COUNTY	Dorche	2=+0	MARYL	AND	2. USUAL RESIDENCE o. STATE			d lived. If institut b. COUNTY	1		ore odmiss	
		f outside corporate limi		c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	VIII or	ana utside corpo	prote limits, write				
п	RURAL ond give ne			Trife									13
	d. NAME OF HOSPIT	oridge AL (If not in hospital, g	ive street			d. STREET ADDRES		idge				e. IS RES	IDENCE
	OR INSTITUTION	Pine Stre				403		ine	Street			ONA	FARM?
3.	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Мо	nth	D	ay	Yeor
	(Type or print)	Robe	ert			Stewar	đ	DEATH	De	C.	2	8	1956
5.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	0 0 8	. DATE OF BIRTH	N.		9. AGE (In years	IF UND	ER I YEAT	R IF UNDE	R 24 HRS.
	Male	Negro	WIDOWI			Anril 14	7	884	last birthdoy) 7.0 yrs	Month	Doys	Hours	Min.
100				KIND OF BUSINESS OR	_ ,	TRY 11. BIRTHPLACE (S			f-sp		CITIZEN (	DE WHAT	COUNTRY
8	during most of work	ing life, even it refired											COOMIK
12	FATHER'S NAME	ne		None		Dorche			0., Nd.		US	A	
13.	TAIRER 3 NAME					14. MOTHER'S MAID	EN N.	AME					
		Holland		ward			Ma	ry A	nne Pin	der			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Add	dress			
	No			None	R	obert Per	rv	. Car	mbridge	. Mo	1.		
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), and (c).]							INT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:		Cere	hra	1 Hemorrh	180	re			ON	SET AND	DEATH
	443x	DUE TO	}	0020	02 0	110110111		30					
	Conditions, if ar		Urrn	ertensive	Co	ndiorecou	170	m Di	22222				
	gove rise to in	nme di ate	TIAD	et. remata	va	Tatovasco	LLC	T. DI	.3005				
	couse (o), stoting t	the under- DUE TO									2 50		
7	lying couse lost.	) (c	)										
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	TH BUT N	NOT RELATED TO THE TI	ERMIN	NAL DISEAS	E CONDITION GI	VEN IN P.	ART 1(o)	PERFO	RMED?
RTIF	200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury	y in P	ort I or Por	t II of item 18.)				
CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yes	or 20d. It	MURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home,	form,	20f. (City	or town)		(County)		(Stote)
EDI	Hour o. m.	19	While	Not while	foct	ory, street, office bldg.,	etc.)				(400111)		(5.012)
>	p. m.			k ot work		~ ~		1					
	21. I certify the	at I attended the	decease	ed from <u>Decem</u>	ber	, 1953, 10_	De	cemb	er2019	,that	I last s	aw the	decease
	alive an Dec	cemper 20	_, 12/2	and that a	death (	accurred at 11	30	M, from	n the causes	and an	the do	ite state	d above
		111	(						treet, city or town,			DA	TE SIGNE
	SIGNATURE	Tolas	u	J.	м	. 227 Pir	1e	St-C	ambride	e . M	d1	2	29-5
										<u></u>			
	PHYSICIAN'S NAME (Type)	. Edwin F	asse	tt.M.D.									
220	BURIAL CREMATION			22c. NAME OF CEMET	FRY OR	CREMATORY		334 TOC4	TION (City, town,				
	REMOVAL (Specify)	19/31/1	1956							-	•	(Stote	2)
22	FUNERAL DIRECTOR	TC/)1/	7330	Bethel	cer	netery			mbridge			1	
13.	TONERAL DIRECTOR	THE WALL		ADDRESS	11.9		REC'D	BY REGIST	TRAR 245 REGI	STRAR'S	SIGNATU	RE	- 1()
1	weer///	for the	15/	Cambi	ride	se .Md . DATE	11	0/5	1 7	- Ly	///	luc	IN

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12434

## CERTIFICATE OF DEATH

12455 Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE COUNTY (If outside corporete limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL end give naerest tow and give nearest town) (in this placa) OR TOWN TOWN d HOSPITAL OR STREET (If rurel give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middla (First) DATE (Month) (Day) (Year) DECEASED OF (Type or Print) 19 COLOR OR SINGLE, MARRIED, WIDOWED, DIVORCED AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE . Months Days (Specify) 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHPLACE (State or freign country) 12. CUTIZEN OF WHAT done during most of working life, even OR INDUSTRY QUUNTRY? 13. FATHER'S NAME MAIDEN NAME 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANTA ADDRESS (If Yas, give war or datas of service) (Yes, no, or unk.) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (State) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) 21a. INJURY OCCURRED (Hour) 21f. HOW DID INJURY OCCUR? Whila Not while at work at work 22. I hereby certify that I attended the deceased from the 19. 1, 1926 ...., that I last saw the deceased ...., and that death occurred at I DOAM, alive on . from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, stete) DATE SIGNED M. D. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) REC'D BY REGISTRAR SIGNATURE DIRECTOR'S SIGNATURE **ADDRESS** 

21 S NAI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? asten Shore S YES NO NAME OF First Middle 4. DATE Month Day DECEASED OF DEATH (Type or print) 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Femal WIDOWED N DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME physica Bay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underisease, senilita lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (State) (County) factory, street, office bldg., etc.) 0. []. While Not while at work of work n. m Dec. 15, 1956, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 2:10 M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOYAL (Specify) EMETERY 0 23. FUNERAL DIRECTORS SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

THE REPORT LINE PROPERTY OF THE PROPERTY OF TH

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1243 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12436

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY								
		chester Co		MARYLAN		Maryland Dorchester Co.									
/ '	ond give nearest town)	outside corporate limits, wri	le RURAL	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	Cambridge		Lloyds Md.												
	. NAME OF HOSPITA	L OR INSTITUTION	(If not in h	ospital, give street address)		d. STREET AD	DRESS	00.00			1		SIDENCE		
	Cambridge	Md. Hospit	al			Cambridge R.F.D. 3									
3.	NAME OF DECEASED	Fi	rat	Middle		Lasi		4. DATE OF	Mont	h	Day	Y	ear		
	(Type or print)	Mary		Jane	Tr	nompson	- 2	DEATH	Dec.		18.	1	9 56		
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH			9. AGE (In years lost birthday)		TYEAR		ER 24 HRS.		
Fe	emale	White	WIDOW	ED DIVORCED	F	eb.	1874	6563	82 yrs.	Months	Days	Hours	Mln.		
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLAC	E (Stale o	or fareign c	ountry)	12. CITI	ZEN O	WHAT	COUNTRY?		
	Vone	,,		None		Vienn	a Di	stric	t	U.S	C A				
	FATHER'S NAME		,	***************************************	1.	4. MOTHER'S MA				, ()					
	Samuel E	Thompson				Emily	Taleh	h							
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	S. SOCIAL SECURITY NO. 17	. INFO	DRMANT			Address						
No		lif yes, give war or dates of	service)	None	7.05	Dr.	J.	U. Th	ompson	Cambri	idge	Md.			
	P111	H Fater only one co.	use per line	o for (a), (b), and (c).			TEL SELEC	H-THE	WEREN		INTER	VAL BETWE	EN		
Н	A STATE OF THE PARTY OF THE PAR	WAS CAUSED BY					4		messa.		ONSE	T AND DEA	TH		
	01/0	MMEDIATE CAUSE (a	)(	st, Second	811	a thir	a at	pren	byrns		1 3	DI			
1	916.0	-DUE-TO	· er	itire body.											
	Conditions, if any, which) (b)														
	gove rise to immediate cause (a), stating the underlying DUE TO														
	couse last. (c)														
Z	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	IT NO	RELATED TO TH	E TERMIN	NAL DISEASI	CONDITION GIV	VEN IN PART	T 1(a) 19	P. WAS A	LUTOPSY		
ATI											,	PERFO	RMED?		
CERTIFICATION	20a. EXTERNAL CAU	SE WAS 2	b. DESCRI	BE HOW INJURY OCCURRED	. (Ente	r noture of injur	y in Part	I or Port II	of item 18.1				110		
CERT	PRIMARY PLOT CON CAUSE OF DEATH.	TRIBUTING -	0.30												
-	20c. TIME OF INJUR	Y Month, Day, Ye	or 204	. INJURY OCCURRED 20e.	MACE	OF INITIPY (Her	ma form	nos (City	T.OVA	(Cau	.mh.d		(State)		
MEDICAL	Hour a. m.		Whi	ile Not while 121 f	octory	street, office bl	dg., etc.)	Zor. (City	or rown,	(Cau	my		(State)		
X	.pcn.	79/7 19	1	rork ot work	1:01			$G = m^2$	ite H	aD.	Dor	. 441	1.		
	21. I certify the	at I took charge	of the	remains described o	bove	, held an A	utapsy	, Ir	spection []	Inquir	у 🔲	ond f	ind that		
	deoth resulted	from: Noturol	causes	, Accident X, S	Suicio	le 🔲, Har	micide	D. Ui	ndetermined o	cause 🗍					
	DELTA STATE	0													
	ACTUAL	Telen.	2	2200		CHIEF MED	ICAL EXA	AMINER 🗆				DATE S	IGNED		
	SIGNATURE	- Jacobs		The same of the sa	^	A.D.		L EXAMINE	• 🗀	70/0	n:/=	15			
	EXAMINER'S NAME (Type)	· , el ) [.]	Hee	07.				XAMINER 5	,	1.6/	0,65		9.5		
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	OF.	22c. NAME OF CEMETERY	OR CR	EMATORY		22d. LOCA	TION (City, town,	or county)		(Slote	))		
B	rial	Dec. 20.	1956	Old Trinity	Chi	irch		Churc	h Creek.	Me	Tyre	and			
23.	FUNERAL DIRECTOR'S			ADDRESS				BY REGIST		STRAR'S SIG			1) 2		
L	eCompte Fu	neral Serv	rice	Cambridge Mc	1.	D	ATE/2	120 1	6 Hah	n M	1 ac	ر م	10		

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Reg. Dist. No.

						Keg. Dill.	140.	
J. PLACE OF DEATH o. COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (W		l lived. If institution b. COUNTY	Dorche	before odmis	sion)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, write negrest town) Cambridge	c. LENGTH OF STAY IN 16 25 years	c. CITY OR TOWN (IF	e nearest tow	n) ×			
OR INSTITUTION	ITAL (If not in hospital, give street Cambridge-Maryl:		d. STREET ADDRESS	1			ON A	SIDENCE /
3. NAME OF DECEASED (Type or print)	Norman Norman	Middle Lake	Travers	4. DATE OF DEATH	Dec.	1.9,1956	Day	Year 19
5. SEX Male	6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH August 1,19		9. AGE (In years lost bighday) 55 yrs.	Months Do	YEAR IF UND	ER 24 HRS. Min.
during most of wo	ION (Give kind of work done 10b. rking life, even if retired)  Sawmill operate				untry)	12. CITIZE	U.S.	COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Lake R. Traver	3	Mary Tho	mas				
15. WAS DECEASED EV (Yes, no, or unknown) NO	(If yes, give wor or dates of service)		rs.Eillian H.	Traver	Addr s,Church		Md.	
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. OT	ony, which (b) M immediate (c) the under (c) IHER SIGNIFICANT CONDITIONS (YOCARDIAL INF	ETASTATIC CASE  CONTRIBUTING TO DEATH BUT  L'ARCT  CRIBE HOW INJURY OCCURRE	ARCINOMA SE	MINAL DISEASE	CONDITION GIVE		PERFC	AUTOPSY ORMED?
	G LI CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Year 20d. III	NJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form	m. 20f. (City		(Cou	inty)	(Stole)
ACTUAL SIGNATURE	hat I attended the deceas 2-19-56 2 197 Ver & Du LBERT E. BUNK	ed from 4-26-41  and that death  ER. M. D.	occurred at 7.50	ADDRESS (Str. YLAND	the causes a eet, city or town, a AVENUE	stote)	date state	ed above. ATE SIGNED
	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCAT	ION (City, town, o		(Stat	e)
23. FUNERAL DIRECTOR	R'S SIGNATURE OD	ADDRESS	24a, REC	D BY REGISTE		TRAR'S SIGN	ATURE ACC	Dr.

2 shauld be filed with T'er death: Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

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CERTIFICATE OF DEATH

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BUREAU V. S.

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BECEINED

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		b. CITY OR TOWN (II	hester f outside corporate limits, write	MARYI	AND a. STA	Md.		d lived. If instituti b. COUNTY	an: Residence b	efore admis	ssion)			
X		rural Car				Salisbury								
16		OR INSTITUTION	AL (If not in hospital, give streen hore State Hos			E. Isab	ella S	t.		ON	SIDENCE A FARM?			
,		NAME OF DECEASED (Type ar print)	First CHARLES	Middle HORACE	TRUI	Lost TT	4. DATE OF DEATH	Mon 12		Day 27	Year 1956			
		male	White WIDO	RRIED NEVER MARRIE	7/8/	<sup>'85</sup>		9. AGE (In years last birthday) 7] yrs.	Months Day					
1	la	ry Land Adm	ON (Give kind of work done 10 cipg life, even if retired)	o. of Comptro		rginia		ountry)		U.S.A.	T COUNTRY			
		FATHER'S NAME William C.	Truitt			ice Par								
10			R IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT Eastern		tate H	Add lospital:						
		PART I. DEAT	DUE TO	encer of th					0	NTERVAL BI	ETWEEN DEATH			
		Conditions, if ar gave rise to in couse (o), stoting t lying cause lost.	the under-	iabetes Mell	itus									
0	CATION		HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEA	TH BUT NOT RELAT	ED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART 1(a	PERFC	AUTOPSY ORMED?			
	L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OF	CURRED. (Enter no	ture of injury in	Port I or Por	t 11 of item 18.)						
	MEDICAL	20c. TIME OF INJURY Hour a. jr. p. m.	Whi		20e. PLACE OF INJ factory, street,	IURY (Home, farm , office bldg., etc		or town)	(Coun	ty)	(Stole)			
		21. I certify the alive on De	of I offended the dece	ased from $12/7/56$ , and that	deoth occurre	56, to 1 d at 2.20	PM, from		end on the	sow the	deceose ed abov			
1		ACTUAL SIGNATURE PHYSICIAN'S	Tomas J.	Dredo	LEMO. E	5.5	ADDRESS (S	treel, city or town,	store) futal	1.5-	27 -			
	720	NAME (Type) TI  BURIAL, CREMATION REMOVAL (Specify) BUT 18.1	nomas J. Bredg	22c. NAME OF CEME				TION (City, tawn, o		(Sto	te)			
0	23.	FUNERAL PIRECTOR'S		ADDRESS	1		Delm		STRAR'S SIGNA	TURE	1			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Prior Prior	00			TIAL OR INSTITUTION (I	r nar in nospiral,	give street dooress)	O. SIREEI	AUDKESS				/		FARM?	
yaur f gistra		1	NAME OF DECEASED Type or print)	ARTHUR	at .	Middle	WHITE		4. DATE OF DEATH	Mont	h	Day 3	Yeo	56	
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thed the			male	colored	WIDOWED [	DIVORCED 🔲	Februar	у 4.	1920	36 yrs.	Months	Days	Hours	Min.	
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		13.	FATHER'S NAME				14. MOTHER'S				77.6.		The second		
S & n g				ir White Sr.				becca	Jacks	on					
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fice os o		ATION	PART II, OT	THER SIGNIFICANT CON	DITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 19	. WAS AL	JTOPSY MED?	
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cute the d farwarded FUNERAL	D A D A D A D A D A D A D A D A D A D A		EXAMINER'S NAME (Type)	Louis S.Wel	ty	1	DEPUTY	MEDICAL E	XAMINER [	Ì	B/53			Y	
P P P	ē	220	BURIAL CREMATI	ON, 226. DATE THEREC	0F 22c. I	NAME OF CEMETERY O	CREMATORY		22d. LOCAT	ION (City, Iown,	or county)		(Stote)		
200	0	Λ	REMOVAL (Specify	4-10-57	- de-	lope Union	em.		Li	llian	Nort	humb	. V	8.	
S. A15ME(5		23.	PUMERAL DIRECTO	R'S SIGNATURE	11	ADDRESS	17.	24a. REC'E	BY REGIST	RAR 24b REGI	STRAR'S SIG	SNATUR	E		
5M 9/55		1	WSTA	ma Ist	don is	llian Va.		DATE 4	4/11/5	7 Jak	m/1	lace	2 /m		
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BUREAU V. S.

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BECEINED

Cambridge Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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e. IS RESIDENCE

Year

1956

Min.

ON A FARM? YES NO

Reg. Dist. No.

Anne Arundle

Day

Days

U.S.A.

(County)

Inquiry

Months

IF UNDER TYEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Instant

PERFORMED? NO []

DATE SIGNED

(Stote)

Maryland

(Stote)

VS. A15ME(S) 5M 9/55

LeCompte Funeral Service

MEDICAL EXAMINER S CERTIFICATE OF DEATH BUREAU V. S.